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**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	•	

#### FLORIDA LIMITED LIABILITY CO. ANAIAS INVESTMENT LLC

Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$130.00

C. LEWIS NOV 2 3 2011

EXAMINED

Electronic Filing Menu

Corporate Filing Menu

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

-

### H11000276883

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• • •
Anaias Investment LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
346 NW 57 Ave 346 NW 57 Ave Suite July 57 Ave Miami, FL 33126 Miami, FL 33126
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:    Sme   Southon     Name   Signature     Nam
346 NW 57 Ave Suite July Florida stroet address (P.O. Box NOT acceptable)
Many FL FL 33126

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED

	magnig Member(s): ager or Managing Member is as fo	SECRETARY OF STATE
Title: "MGR" = Manager	Name and Address:	TALLAHASSEE, FLORI
"MGRM" = Managing Member		
MERM	Ismael Son	nano Sp.
	346 NW 57 A	3126
MER	Juan Altir	elba Valls
	346, NW 57 Mian, FC	33126
MGR	Ismael Sove	and Jr.
		33126
Mbk	Visnel Son	NO .
	346 Nh) 57 Many FL	33/21
(Use attachment if necessary)	·	
LE V: Effective date, if other than the	ne date of filing:	(OPTIONAL)
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more th	nan five business days prior
00 days after the date of filing.)		

Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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