L12000051873

(Re	questor's Name)		
(A.)		·	
(Ad	dress)		
(Ád	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL .	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





800229027228

04/16/12--01012--017 **125.00

12 APR 16 PM 12: 23
SECRETARY OF STATE

C. LEWIS

APR 1 7 2012

EXAMINER

COVER LETTER

Division of C		•		
SUBJECT: Ansa	a Höme LLC	•		
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:		
<u>Hans H</u>	oppner			
		Name of Person		
	•	Firm/Company		
4940 W	estchester Ct. #	3704		
		Address		
Naples, F	Toriđa 34105			
City/State and Zip Code				
vita_hjh@	yahoo.com			
	E-mail address: (to be used	for future annual report notification)		
For further information	concerning this matter, pleas	e call:		
Hans Hoppner at (2		at (239) 206-1546		
Name	e of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	cie	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	oany is:	
Ansa Home LLC		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
1940 Westchester Ct. # 3704 Naples, FL 34105	4940 Westchester Ct. # 3704 Naples, FL 34105	
	vistered Office, & Registered Agent's Signature wn Registered Agent. You must designate an individual or another the registered agent are:	12 APR
Hans Hoppner	Si	器(16 16
	Name	유 프
4940 Westo	chester Ct. #3704	PH 12: 24 OF STATE
Florida s		rn 🗲
Naples	_{FL} 34105	

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..

City, State, and Zip-

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

12 APR 16 PM 12: 2L

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STAT TALLAHASSEE, FLORI
MGR	Hans Hoppner	
	4940 Westchester Ct. #3704	
	Naples, Fl 34105	
MGRM	Eleonora Sarina	
	4940 Westchester Ct. #3704	
	Naples, Fl 34105	
MGRM	Ekaterina Anisimova	
	847 5th Street # 202	
	Santa Monica, CA 90403	
		And the state of t
	·· -	
(Use attachment if necessary)		
CLE V: Effective date, if other than th	e date of filing: 4/9/2012	(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 4/9/2012 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Hans Hoppner

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)