L12000083625

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	-#)
	WAIT	·
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only

EFFECTIVE DATE DU/18/12



300236604153

06/22/12--01017--018 **130.00

12 JUN 22 PM 3: 24

D. BRUCE

JUN 25 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division o€ Corporations	
SUBJECT: Anvin Distributing, LLC.	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William H. Nutt, Jr.	
Name of Person	_
Anvin Distributing, LLC.	
Firm/Company	-
1701 Open Field Loop	
Address	- 5
Brandon, FL. 33510	JIVISION OF I
City/State and Zip Code	
	COEPC
E-mail address: (to be used for future annual report notification)	<u>F</u>
For further information concerning this matter, please call:	DIVISION OF COPPORATIONS
Bill Nutt 223-3811	90
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\sum \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:	
Anvin Distributing, LLC.		
	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
1701 Open Field Loop Brandon, FL. 33510	1701 Open Field Loop Brandon, FL. 33510	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another ne registered agent are:	
William H. Nutt, Jr. Na		DIVI 12
1701 Open Fi	····	2 JUN 22
	address (P.O. Box NOT acceptable)	<u> </u>
Brandon	_{FL} 33510	PH 3:
City,	, State, and Zip	で高
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above state in this certificate, I hereby accept the appointm icity. I further agree to comply with the provisive performance of my duties, and I am familiar vegistered agent as provided for in Chapter 608 (Proceedings).	nent as ions of all with and
	·······	

(CONTINUED)

EFFECTIVE CATE D6/18/12

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	William H. Nutt, Jr.
·	1701 Open Field Loop
	Brandon, FL. 33510
	Bianaon, i E. 30010
MGRM	Caroline M. Grimaldi
	1701 Open Field Loop
	Brandon, FL. 33510
(Use attachment if necessary)	n the date of filing: June 18, 2012 (OPTIONA
LE V: Effective date, if other than	n the date of filing: June 18, 2012 (OPTIONAl set be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of a manag	ist be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of a manag	ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)