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Office Use Only



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(850) 245-6051.

COVER LETTER

TO: Registration Division of C	Corporations		
SUBJECT:	ANEW	Led Liability Company	VG, LLC
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
	Dawn	Ferrara	
		Name of Person	57 2
			OI3 JA
		Firm/Company	123 128 128 128 128 128 128 128 128 128 128
10103	Kingshyre	Way	5177 23 Effort P
TAM	pa, Florid	Address / A 33647 ty/State and Zip Code	\$1815 LORIDA
new daw	ning 25 @	gmail. com for future annual report notification)	
For further information	n concerning this matter, please	•	
Dawn F	e of Person	at (813) 482 -	-5557 phone Number
Enclosed is a check	for 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	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANEW DAWNJNG	LLC
(Must end with the words "Limited Liability Compa	iny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Mail	ing Address:
10103 Kingshyre Way Tampa Flunda 33647	Down Ferrara 2103 Kingshyre Way Ampa, Provida 33647
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agen business entity with an active Florida registration.)	, & Registered Agent's Signature: at. You must designate an individual or another
The name and the Florida street address of the registered	
Dawn Ferra	WO SEE AN 23
10103 Kingshyre W Florida street address (P.C) Boy NOT acceptable)
TAM PA FL City, State, and 2	33647
Having been named as registered agent and to accept so liability company at the place designated in this cert registered agent and agree to act in this capacity. If all statutes relating to the proper and complete perform and accept the obligations of my position as registered. Registered Agent's Signature (REG	service of process for the above stated limited ificate, I hereby accept the appointment as orther agree to comply with the provisions of mance of my duties, and I am familiar with agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Mai "MGRM" = M	nager Ianaging Member	Name and Address:
MGR		Dawn Ferrara 10103 Kingshyre Way Tampa, FT 33647
		2019 JAN 23
		E PM
(Use attachme	ent if necessary)	
CLE V: Effecti effective date i to or 90 days af	ve date, if other than the	the date of filing: 1/25/2013 (OPTIONAL) ast be specific and cannot be more than five business
ICLE V: Effecti effective date i to or 90 days af	ve date, if other than the listed, the date muster the date of filing.) SIGNATURE:	the date of filing: 1/25/2013. (OPTIONAL) ast be specific and cannot be more than five business

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation