

L13000043445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

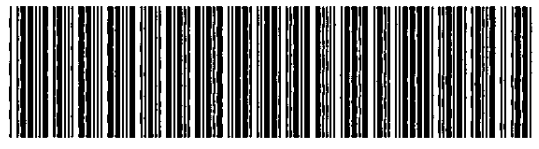
(Document Number)

Certified Copies _____ , Certificates of Status _____

Special Instructions to Filing Officer:

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G. McLEOD



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13 MAR 18 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02/06/13--01011--009 130.00

Eff. Sign

W13-8326

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANS Systems 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:

Assi Shalom

Name of Person

Firm/Company

210 174th st #809

Address

Sunny Isles, FL 33160

City/State and Zip Code

shalom.assi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Assi Shalom

Name of Person

at (**305**) **773-7111**

Area Code & Daytime Telephone 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

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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2013

ASSI SHALOM
210 174TH ST 809
SUNNY ISLES, FL 33160

SUBJECT: ANS SYSTEMS LLC
Ref. Number: W13000008326

We have received your document for ANS SYSTEMS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 6, 2013. Please amend your document accordingly.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod
Regulatory Specialist II

Letter Number: 913A00003329

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Assi Shalom
210 174th st #809
Sunny Isles, FL 33160

(Use attachment if necessary)

~~ARTICLE V~~: Effective date, if other than the date of filing: ~~_____~~ (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.)

Assi Shalom

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)