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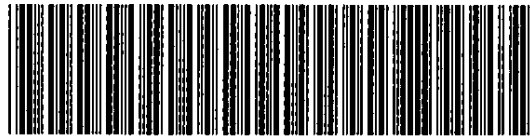
(Business Entity Name)

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13 SEP 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT - 2 2013

TRANSMITTAL LETTER

September 19, 2013.

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

SUBJECT: ANIMUS INVESTMENTS LLC

The enclosed Articles of Organization are submitted for filing, along with the appropriate fees of \$125.00.

Please return all correspondence concerning this matter to the following:

PETER SANTOLALLA
6000 NW 2nd Avenue, Unit #139,
BOCA RATON, FL., 33487

peter@dukhomes.com
Email address

For further information concerning this matter, please call:

Peter Santolalla at (561) 926-1190

**ARTICLES OF ORGANIZATION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

FILED
13 SEP 30 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The Name of the Limited Liability Company is:

ANIMUS INVESTMENTS LLC

ARTICLE II - ADDRESS

The initial principal office address and mailing address of the Limited Liability Company is:

Principal Office Address:

c/o P. Santolalla
6000 NW 2nd Avenue, Unit #139
BOCA RATON, FL., 33487.

Mailing Address:

c/o P. Santolalla
6000 NW 2nd Avenue, Unit #139,
BOCA RATON, FL., 33487.

ARTICLE III

Registered Agent, Registered Office and Signature

PETER SANTOLALLA
6000 NW 2nd Avenue, Unit #139,
BOCA RATON, FL., 33487.

Having been named as Registered Agent and to accept any 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 obligation of my position as Registered Agent as provided for in Chapter 608, Florida Statutes.


Registered Agent's Signature

ARTICLE IV
Manager(s) or Managing Member(s) and Members

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

TITLE	NAME AND ADDRESS
MGRM	MONICA B. SOUVIRON 6000 NW 2 nd Avenue, Unit #139, BOCA RATON, FL., 33487
MGRM	EDUARDO C. MARQUEZ-SOUVIRON 6000 NW 2 nd Avenue, Unit #139, BOCA RATON, FL., 33487
MGRM	JERONIMO E. MARQUEZ-SOUVIRON 6000 NW 2 nd Avenue, Unit #139, BOCA RATON, FL., 33487.

ARTICLE V – Effective Date

REQUIRED SIGNATURE:

Monica Souviron
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 of Florida, constitutes a third degree felony as provided for in s.817.155,F.S.)

MONICA B. SOUVIRON
Typed or printed name of Signatory