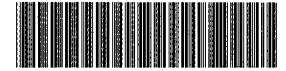
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Special Instructions to Filing Officer:





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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DEC 1 6 2013 T. **HAMPTON** (850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIECT.

Anna Pierce 3 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:

Ronald Pierce

Name of Person

Anna Pierce 3 LLC

Firm/Company

6042 8th Ave N

Address

St Petersburg, FL 33710

City/State and Zip Code

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

For further information concerning this matter, please call:

Ronald Pierce

_a,813

293-3384

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Anna Pierce 3 LLC				
(Must end with the words "Limited Liabil	ity Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal offi	ce of the Limited	I Liability Company is:	:
Principal Office Address:	Mailing	Address:		
6042 8th Ave N	6042 8th	Ave N		
St Petersburg, FL 33710	St Peters	ourg, FL 33710		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. Yo	u must designate an i		
Ronald Pierce Name	······································			
Name				
6042 8th Ave N	,	 		
Florida street add	iress (P.O. Bo	x <u>NOT</u> acceptable)	1	
St Petersburg	FL	33710		
City, Sta	ate, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	his certifica ity. I furthe e performa	ite, I hereby acce r agree to compl nce of my duties,	pt the appointment as y with the provisions of and I am familiar with	f
Registered Agent's Signat	ture (REQUIF	(ED)	ZOI3 DEC SECRE LA	7
(CONTIN			13 AMII: 06	ー ロ フ

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Mem	ber	
MGR	Ronald Pierce	
The state of the s	6042 8th Ave N	*******
	St Petersburg, FL 33710	
MGR	Richard Pierce	
	PO Box (2162	
	Wolfeboro, NH 03894	
MGRM	Tamra Pierce	
	6042 8th Ave N	
	St Petersburg, FL 33710	
	Ott Ottosburg, Ft 007 To	
MGRM	Lynette Pierce	
	PO Box : 2162	
	Wolfeboro, NH 03894	
LE V: Effective date, if othe fective date is listed, the d	r than the date of filing: (OP ate must be specific and cannot be more than five	
LE V: Effective date, if other fective date is listed, the dor 90 days after the date of	r than the date of filing: (OP ate must be specific and cannot be more than five filing.)	
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