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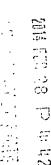
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B. BOSTICK

MAR - 3 2014

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: Anything Legal: List, 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:

Evan M. Ostfeld, ESQ.

The Law offices of Person

Evan M. Ostfeld, P.A.

Firm/Company

542) N. University Drive, Suite #102 The Coval Springs Addressional Campus Coval Springs, E 330674638

evane attorney 4 life.com

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

For further information concerning this matter, please call:

(454)

FUAN M. OST-Feld ESQ (454)

Name of Person

Area Code

Daytime Telephone Numb

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & L. Certified Copy (additional copy is enclosed)

## 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 1 - Name: The name of the Limited Liabi	lity Compar	ny is:		
Anything Le	gal	List.	LLC.	
(Must en	d with the w	ords "Limite	d Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of	the principal (	office of the I	Limited Liability Company is:
Principal Office Address:			Mailing	Address:
5421 N. Univers	ים נילו:	r;ve		Same as principal office
Coral Springs	-		Ca + 0 C	
ARTICLE III - Registered A	igent, Regis ny cannot se	3 067-0 itered Office, erve as its own	7,638 & Registered / n Registered /	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida stree	et address of	the registere	d agent are:	*
				iesa.
<i>5</i> 42	21 N.	Univer	5;+4 D	rive, Ste#102 rofessional Campus
<u>TT</u>	ne Cov	a Spr	ngš P	rofessional campus
		ress (P.O. Bo		
	ral sp	rings	FL	<u> 33 667</u> -4638
Having been named as registe the place designated in this capacity. I further agree to c	ered agent as secretificate, comply with liar with and	nd to accept s I hereby acce the provisions I accept the o	pt the appoints of all statute.  bligations of topter 60f, F.S.	ess for the above stated limited liability company at timent as registered agent and agree to act in this is relating to the proper and complete performance my position as registered agent as provided for in

(CONTINUED)

Page 1 of 2

Title	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	value and Address:
"MGR" = Manager	Evan M. Ostfeld, ESQ.  542, N. university Drive  The Goval springs Profession  Coval Springs, FZ 33067-
<u> </u>	The Civil Course of the Cooping
	COVER SULVACE 3 3 063
	-01011 34 11195; 16 3 300/°
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•	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90 da
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LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	
LE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Mad Esa.
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATORE:  Signature of a metal (In accordance with section 60)	mber of an authorized representative of a member. 5.020 (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60% constitutes an affirmation under	mber of an authorized representative of a member. 5.020 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under  I am aware that any false inform	mber of an authorized representative of a member. 5.020 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under  I am aware that any false inform	mber of an authorized representative of a member. 5.020 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under  I am aware that any false inform	mber of an authorized representative of a member. 5.020 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  OS HELD ESQ
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under  I am aware that any false inform	mber of an authorized representative of a member. 5.020 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

Page 2 of 2