

L14000177393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

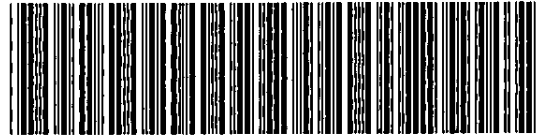
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Bureau NOV 17 2014

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL, 32314

Re: Anaconda USA LLC

To Whom it may concern.

Please accept the enclosed Application for a Limited Liability Company.

My Name Address and Phone number are as Follows.

Anna Wallace.

8031 Coquina Way,

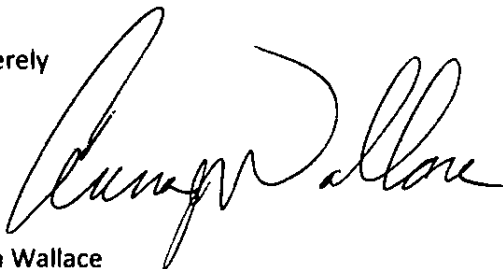
St Pete Beach

Florida

33706

Tel (239)877 7092

Sincerely

A handwritten signature in black ink, appearing to read "Anna Wallace", written in a cursive style.

Anna Wallace

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anaconda U.S.A. 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:

Anna J. Wallace  
Name of Person

Anaconda U.S.A. LLC  
Firm/Company

8031 Coquina Way  
Address

St. Pete Beach FL 33706  
City/State and Zip Code

boho2020@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna J. Wallace at ( 239 ) 877-7092  
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:

Anaconda U.S.A. LLC.  
(Must end with the words "Limited Liability Company, "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:**

8031 Coquina Way  
St. Pete Beach  
FL 33706

**Mailing Address:**

8031 Coquina Way  
St. Pete Beach  
FL 33706

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Anna J. Wallace  
Name

8031 Coquina Way  
Florida street address (P.O. Box **NOT** acceptable)  
St. Pete Beach FL 33706  
City Zip

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept 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 obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Anna J. Wallace  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Anna J. Wallace, MGR  
8031 Coguin Way  
St. Pete Beach FL 33706

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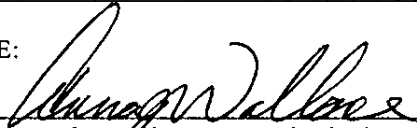
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Nov 5<sup>th</sup> 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Anna J. Wallace  
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)