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(Red	questor's Name)	-
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	

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Effective Date 12/7/14

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SECRETARY OF STATE
SECRETARY OF STATE

DEC 1 7 2014 T. **HAMPTON**

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: ANNA DEMENTOV, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	ANNA DEMENTOV	Name of Person	
	_		
		Firm/Company	
	500 N OSCEOLA AVE #802	Address	
	CLEARWATER FL 33755	City/State and Zip Code	
<u>A</u> l	NNADEMENTOV@GMAIL.COM E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information concerning this matter, ple	ase call:	
ANNA	Name of Person	727) 222-6997 Area Code Daytime Tel	lephone Number
_	ed is a check for the following amount: 10 Filing Fee \$\overline{\subset}\$\$ \$\subset\$ \$\overline{\subset}\$\$ \$\overline{\subset}\$\$ 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 Adding Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

Effective Date 12/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ANNA DEMENTOV, 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 o	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
500 N OSCEOLA AVE #802 CLEARWATER, FL 33755	500 N OSCEOLA AVE #802 CLEARWATER, FL 33755
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio. The name and the Florida street address of the registered	Registered Agent. You must designate an individual or on.)
ANNA DEMENTOV	
Name	:
500 N OSCEOLA AVE #802 Florida street address (P.O. Box	x NOT acceptable)
CLEARWATER	FL 33755
City	Zip
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	rvice of process for the above stated limited liability company a state appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance digations of my position as registered agent as provided for in the following the followi

(CONTINUED)

Page 1 of 2

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager	ANIALA DENIENTON
MGR	ANNA DEMENTOV 500 N OSCEOLA AVE #802
	CLEARWATER FL 33755
(Use attachment if necessary)	
(Ose anaemient it necessary)	
	the date of filing: 7 DEC 2014 (ODTIONAL)
ICLE V: Effective date, if other tha	the date of fining. <u>I DEC 2014</u> . (OF HONAE)
ı effective date is listed, the date m	ust be specific and cannot be more than five business days prior to or 90 days at
TICLE V: Effective date, if other than n effective date is listed, the date make of filing.)	ust be specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date m	ist be specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date m late of filing.) TCLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date m late of filing.) TCLE VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date m late of filing.) TCLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days at
n effective date is listed, the date m late of filing.) TCLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days a

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 DEMENTOV

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)

ARTICLE IV-

Page 2 of 2

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