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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

:;

TO: Registration Section Division of Corporations				
SUBJECT: CRYSTAL ANNICK				
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:				
Chystal A. LOHON Name of Person				
Chystal A. Lotton Name of Person Chystal Annick Firm/Company				
13611 S. Divie Hwy #548 Address				
Miami, Florida 33174 City/State and Zip Code CNStal Annick@gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Crystal A. Lo 7400 at (305) 815 9441 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

AL ANWICK 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:

Mailing Address:

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:

da street address (P.O. Box **NOT** acceptable)

's Signature (REQUIRED)

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..

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Crystal A. LO71Un 14300 SW 88 AVE #4		
AMBR	Primitto Bay, F1 33176 Redecca C. Flouricia H300 SN 88 AND #40 Palmitto Baia, El 33176		
If an effective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after		
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed at of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	ckl		
This document is exec	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

1Stal A. LO-Joy Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2