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	egistration Section ivision of Corporations		•	F
CHDIECT	Ania Design Group LLC			
SUBJECT	:Name			
The enclos	ed Articles of Organization and fed	e(s) are submitted	for filing.	
Please retu	rn all correspondence concerning t	this matter to the f	following:	
	Agnieszka Szymczak			
		Name of	Person	
	Ania Design Group LLC			
		Firm/Co	mpany	
	251 Galen Dr, 206e			
		Addr	ess	·
	Key Biscayne, FL 33149			
	szymczaka@gmail.com	City/State an	d Zip Code	
•	E-mail address: (to b	e used for future a	nnual report notificati	ion)
For further i	nformation concerning this matter,	please call:		
	Agnieszka Szymczak	305 at (713 0907	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the following amount	:		
\$125.00 F	iling Fee \$130.00 Filing Fe Certificate of State	tus Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ania Design Group LLC		
(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
he mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
251 Galen Dr 206e	251 Galen Dr 206e	
Key Biscayne, FL 33149	Key Biscayne, FL 33149	
RTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature: istered Agent. You must designate an individual or	
nother business entity with an active Florida registration.)	nt are:	
Inother business entity with an active Florida registration.) The name and the Florida street address of the registered agent Agnieszka Szymczak	nt are:	

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..

Florida street address (P.O. Box NOT acceptable)

FL

State

33149

Zip

251 Galen Dr, 206e

City

Key Biscayne

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Agnieszka Szymczak 251 Galen Dr. 206e Key Biscayne, FL 33149 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 1, 2017 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Agnieszka Szymczak

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)