

JUL/24/2017/MON 12:15 PM

7/24/2017

FAX No

P. 001/005

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Division of Corporations

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
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**FLORIDA LIMITED LIABILITY CO.  
ANKAR INVESTMENT GROUP LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**ANKAR INVESTMENT GROUP LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

**Principal Office Address**  
90 SW 3<sup>rd</sup> STREET APT # 4409  
MIAMI, FL 33130

**Mailing Address**  
90 SW 3<sup>rd</sup> STREET APT # 4409  
MIAMI, FL 33130

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**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:*

**R&P ACCOUNTING & TAXES, INC**

Name

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and Zip*

*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*

X. \_\_\_\_\_

***Registered Agent's Signature (REQUIRED)***

#### ARTICLE IV

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):** The name and address of each Person authorized to manage and control the Limited Liability Company:

**Title:**

**KAREN VON STILLFRIED**  
90 SW 3<sup>rd</sup> STREET APT # 4409  
MIAMI, FL 33130

**AUTHORIZED MEMBER**

**ANDRES HANANIA**  
90 SW 3<sup>rd</sup> STREET APT # 4409  
MIAMI, FL 33130

**AUTHORIZED MEMBER**

#### ARTICLE V

Effective date, if other than the date of filing (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.)

**REQUIRED: SIGNATURE**

X   
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 documents constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**KAREN VON STILLFRIED**

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is: REAL ESTATE INVESTMENT*