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JAN U 5 LAN

COVER LETTER

Division of Corporations
SUBJECT: ANOMALY, 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:
DANIEL PAGANO
Name of Person
Firm/Company
6900 ULMERTON ROAD # 33
Address
City/State and Zip Code dpagano2UQ gina 11. Com E-mail address: (to be used for future annual report notification)
dpagano2UQ gina11. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIEL PAGANO at (727) 479-8106 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address No. 5'' Section 19
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
ANÓ	MALY, LLC	,		
(Must conta	MALY, LLC	ability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limite	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Add	ress:
6900 ULMER LARGO, FL	TON ROAD #3	33 <u>6</u> 	900 ULMERTO ARGO, FL 33	N ROAD #33
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac	cannot serve as its own R	legistered Agent	ent's Signature: t. You must designate an in	dividual or
The name and the Florida street a	ddress of the registered a	igent are:		
	DANIEL	PAGA Name	NO	
		Name		
	Florida street address			
	LARGO	FL	33771 Zip	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obli	I hereby accept the appoint ovisions of all statutes rela	intment as registed atting to the proper segistered agent	ered agent and agree to act er and complete performan	in this capacity. I ce of my duties, and I
		(CONTINUED))	

Title:	Name and Address:
AMBR" = Authorized Member	DANIEL PACAMO
AMBR	DANIEL PAGANO 6600 ULMERTON ROAD #3
	<u>LARGO, FL 33711</u>
	of filing: JANUARY 1, 2018. (OPTIONAL)
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not reent's effective date on the Department	e of filing: <u>JANUARY 1</u> , <u>2018</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 cmeet the applicable statutory filing requirements, this date will not so of State's records.
EV: Effective date, if other than the date etive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date etive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to of State's records.
EV: Effective date, if other than the date etive date is listed, the date must be sp filing.) the date inserted in this block does not reent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed an aware that any false.	ecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date etive date is listed, the date must be sp filing.) the date inserted in this block does not reent's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mathematical This document is executed a mathematical am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. ember or an authorized representative of a member. ted in accordance with section 605.0203 (†) (b), Florida Statutes, e information submitted in a document to the Department of State

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)