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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name

: DAVID C. HASTINGS, CPA, PA

Account Number: I2000000168

Phone

: (727) 322-0909

Fax Number

: (727) 322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Tmo.	÷	1	Address:

DAVID CPA @ TAMPABAY, PR. COM

FLORIDA LIMITED LIABILITY CO. ANA LAURA, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

: ANA LAUR <u>A, LLC</u>				
	in the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address:	÷			
The mailing address and street ad	ldress of the principal o	office of the Limited	Liability Company is:	
Princips	il Office Address:	Mailing Address:		
2706 SKIMMER PO	NT DR S	220	2207 54TH ST S	
GULPPORT, PL 337	07	<u> </u>	LFPORT, FL 33707	
	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual o	
	cannot serve as its own ctive Florida registration	Registered Agent. on.)		
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The Limited Liability Company inother business entity with an a	cannot serve as its own ctive Florida registration ddress of the registered DAVID HASTINGS 2207 54TH ST S	Registered Agent. on.) d agent are: 6, CPA Name	You must designate an individual o	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

HI 80003650823

"MGR" = Manager AMBR ANA LAURA CARRIO PARET 2706 SKIMMER POINT DR S GULFPORT, FL 33707 (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (Indeed attachment is income and cannot be more than five business days prior to or 90 days at a of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unent's effective date on the Department of State's records. LE 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 (I) (b), Florida Statutes, and a may are that any false information submitted in a document to the Department of State's constitutes a third degree felony as provided for in s.817.15S, F.S. ANA LAURA CARRIO PARET Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			Name and Address:	
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