

L19000146178

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H19000185473 3)))



H190001854733ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : INTERSTATE FILINGS LLC  
Account Number : I20110000086  
Phone : (718)569-2703  
Fax Number : (718)584-7898

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

Email Address: contact@interstatefilings.com

2019 JUN 12 PM 12:52

**FLORIDA LIMITED LIABILITY CO.  
ANM CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2019 JUN 12 PM 12:52

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

JUN 13 2019

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

**ARTICLE I - Name:**

**The name of the Limited Liability Company is:**

ANM CONSULTANT'S 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 I invited I liability Company is:

**Principal Office Address:**

**Mailing Address:**

20335 W COUNTRY CLUB DR. APT.# 1710  
AVENITURA, FL 33180

2940 WEST 5 TH ST . # 2117  
BROOKLYN NY 11224

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**ARTICLE III: Registered Agent, Registered Office, & Registered 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:

INTERSTATE AGENT SERVICES LLC

Name \_\_\_\_\_

100 SE 2ND ST. STE. 2000 #209

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

MIAMI FL 33131

*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.*

 Alexa

**(CONTINUED)**

Page 1 of 2

((H19000185473 3)))

2019 July 12 PM 13:52

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

Name and Address:

ALEXANDER ADELMAN  
2940 WEST 5 TH ST. #21 F  
BROOKLYN, NY 11221

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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.)  
**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:**

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.

ALEXANDER ADELMAN

Typed or printed name of signee