3052201440 Florida Deparament

Division of Corporations Electronic Filing Cover Sheet

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.

(((H19000361874 3)))



H190003818743ABC6

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

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter	the	email	address	for	this	busin	ess	entity	to	be i	used	for	future
aı	nnual	repor	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**

Email	Address:	

FLORIDA LIMITED LIABILITY CO. ANZARDO INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anzardo Invistments, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim Company is:	ited Liability	_
330 Sw 67 Am	19 DF	
Mrani FL, 33144	C 15	<u></u>
		-
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (1) Company cannot serve as its own Registered Agent. You must designate an individual or another to with an active Florida registration.)		_
alexandy anzardo		
330 SW GTAVE		_
Minni, FR. 33144		
ARTICLE IV The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR) Alexander Angards Angards	the Limited	
		
		-

Required Signatures:

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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Auxandr Anzardo
Typed or printed name of signee

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)