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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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## COVER LETTER

то:	New Filing Section Division of Corporation
SUBJI	Anch

Anchor Way Rentals LLC
SUBJECT: 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:  LUIS E. FERNANDEZ, ESQ.
Name of Person SENTINEL CORPORATE SERVICES LLC
Firm/Company 14411 S. DIXIE HWY SUITE 220
Address MIAMI, FL 33176
City/State and Zip Code PARALEGAL@LEF-LAW.COM
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
LUIS E. FERNANDEZ, ESQ 305 239-9427
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee
Mailing Address New Filing Section  Street Address New Filing Section Division

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FIRED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2121 APR 21 APR 21 APR 21 APR 21

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

Anchor Way Rentals LLC  (Must contain the words "Limited Liab	ility Company of 1 C Novel 1 C m
The state of the s	mry Company, E.E.C., or "LLC.")
RTICLE II - Address: e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address:  14411 S. DIXIE HWY SUITE 220	Mailing Address:  144 1 S. DIXIE HWY  SUITE 220

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:

SENTINEL CORPOR	ATE SERVICES LLC	
-	Name	
14411 \$. DIXIE HWY	SUITE 220	
Florida street addres	s (P.O. Box NOT a	cceptable)
МІАМІ	FL	33176
City	State	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:  (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 the document's effective date on the Department of State's records.  ARTICLE 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 (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.	<u> </u>	Nuthorized Months.	Name and Address:	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)