# L22000027479

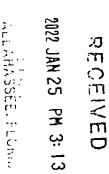
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ana Tikvah LLC				
		<u> </u>	-	
				Art of Inc. File
			]	LTD Parmership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
	Data	<u></u>		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

# COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Ana Tikvah LLC			
Name of Li	mited Liability Company		
The enclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Vladislav Yampolsky			
	Name of Person		
	Firm/Company		
	runeCompany		
332 Plaza Real			
	Address		
Boca Raton, FL 33432			
	City/State and Zip Code		
bobby@ecjusa.com	I for future annual report notification)		
For further information concerning this matter, please	e call:		
Vladislav Yampolsky at (	954 ) 224-7500		
	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)  Cartified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)		
Mailing Address	Street Address		
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ana Tikvah LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
332 Plaza Real	332 Plaza Real
Boca Raton, FL 33432	Boca Raton, FL 33432
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	nt are:
VIndialar Vanandalar	

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..

Name

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

State

332 Plaza Real

City

Boca Raton

Registered Agent's Signature (REQUIRED)

(CONTINUED)



### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	
MGR	Vladislay Yampolsky
	332 Plaza Real Boca Raton, FL 33432
	100g Raton, 11, 53452
	·
(If an effective date is listed, the date in the date of filing.)  Note: If the date inserted in this block the document's effective date on the De	nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
<b>ARTICLE VI:</b> Other provisions, if any.	
<del></del>	
REQUIRED SIGNATURE:	R
This documen I am aware tha	re of a member or an authorized representative of a member, t is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155. F.S.
Vladisl	av Yampolsky  Typed or printed name of signee

### 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)