

L22000336656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

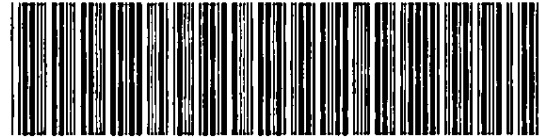
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

AUG - 1 2022



000387601530

05/16/22--01047--014 \*\*130.00

FILED  
2022 AUG - 1 PM 7:07  
CORPORATE DIVISION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: New Filing Section  
Division of Corporations

SUBJECT: ANNIEMENTS LLC

\_\_\_\_\_  
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:

Alfiesha McNair

\_\_\_\_\_  
Name of Person

ANNIEMENTS LLC

\_\_\_\_\_  
Firm/Company

1729 NW SAINT LUCIE WEST BLVD  
#1097 Port Saint Lucie FL, 34986

\_\_\_\_\_  
Address

Port St Lucie, FL 34986

\_\_\_\_\_  
City/State and Zip Code

alfiesha@anniments.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfiesha McNair

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
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:

ANN EXHIBITS LLC

(Must contain 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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

~~2011 Linda Sue Circle Apt 105~~

~~Port Pierce, FL 34982~~

~~2011 Linda Sue Circle Apt 105~~

~~Port Pierce, FL 34982~~

1729 NW SAINT LUCIE WEST BLVD #1097 Port

1729 NW SAINT LUCIE WEST BLVD

Saint Lucie Fl, 34986

#1097 Port Saint Lucie Fl, 34986

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:

Aliesha McNair

Name

1729 NW SAINT LUCIE WEST BLVD

~~2011 Linda Sue Circle Apt 105~~

#1097 Port Saint Lucie Fl, 34986

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

Port Pierce

FL

34982

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.

Aliesha McNair

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2022 AUG - 1 PM 01:00  
CLERK AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

**Name and Address:**

AMBR

Alicsha McNair

2940 Linda Sue Circle Apt 105  
Port St Lucie, FL 34982

1729 NW SAINT LUCIE  
WEST BLVD #1097 Port  
Saint Lucie FL, 34986

AMBR

Ashley McNair

2940 Linda Sue Circle Apt 105  
Port St Lucie, FL 34982

1729 NW SAINT LUCIE WEST  
BLVD #1097 Port Saint Lucie  
FL, 34986

(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:**



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.

Alicsha McNair

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)