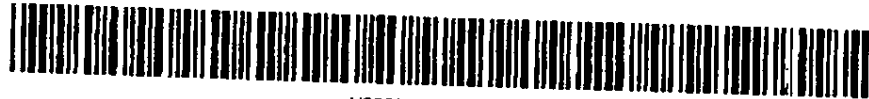


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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

From:

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Phone : (305)552-5973
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ANTHONAIS LLC**

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

2022 SEP 26 PM 3:46

22 SEP 26 PM 12:35
FALMILASSEE, FLORIDA

Electronic Filing Menu

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Help

OK

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anthona's LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

943 SW 119 ct Miami Florida 33184

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Maitte Diaz Hernandez

943 SW 119 ct Miami FL 33184


ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Maitte Diaz Hernandez AMBR

22 SEP 26 PM 12:35
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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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.

Maitte Siaz Hernandez
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)

22 SEP 26 PM 12:35
TALLAHASSEE, FLORIDA