## **Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. ANNEÂ'S INVESTMENTS LLC

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

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

ARTICLE	E1 - Name:
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The name of the Limited Liability Company is:

# ANNE'S INVESTMENTS 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 Addre	<u>55</u> :	
901 BRICKELL KEY BLVD, APT. 2906 MIAMI, FL 33131		01 BRICKELL KEY BLVD. HAMI, FL 33131	APT. 2906	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Ager ) gent are:		vidual or SEORETA	, E
Corporate Creations No			€ 5. G	,
;	Name		48 16 16	
801 US Highway I			PH	الميارين.
Florida street address (	P.O. Box <b>NO</b> T	[acceptable)		5
North Palm Beach	FL.	33408	' ÷ N	1
City	State	Zip	7	

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..

Tymberlyn Teefey, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member	······································
"MGR" = Manager	
-	A DOUBLE DO A A DAO A PERO A A DAO A
MGR	MICHELLE MARIE MEERMANN BOBADILLA COLONIA BELLA VISTA, 31 AVENIDA 2 CALLE
	N.O. #216, SAN PEDRO SULA, HONDURAS
AMBR	FUNDACION YAYC
	MMG TOWER, FLOOR 23, AVE. PASEO DEL MAR COSTA DEL ESTE, PANAMA
	COSTA DEL ESTE, PANAMA
	(,)
	ARY C
	<u> </u>
(Use attachment if necessary)	, -; · · · <u>&gt;</u>
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E V: Effective date, if other than the date ective date is listed, the date must be of filing.) The date inserted in this block does no ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a in This document is executed an aware that any faconstitutes a third degited.	ate of filing:  specific and cannot be more than five business days prior to or 90 dot meet the applicable statutory filing requirements, this date will not but of State's records.  The state of the applicable statutory filing requirements, this date will not but of State's records.  The state of the applicable statutory filing requirements, this date will not but of State's records.  The state of the applicable statutory filing requirements, this date will not but of State of State of the applicable statutory filing requirements. This date will not but of State of the applicable statutory filing requirements. This date will not but of State of the applicable statutory filing requirements.

### 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)