

6/26/24, 1:55 PM

Division of Corporations

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
 ANE PROJECT AND INVESTMENTS GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANE PROJECT AND INVESTMENTS GROUP 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:

15492 SW 274th STREET  
HOMESTEAD, FL 33032

15492 SW 274th STREET  
HOMESTEAD, FL 33032

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:

MANUEL ANE PARRA


Name

15492 SW 274th STREET

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

HOMESTEAD                      FL                      33032  
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..*

  
Manuel Ane Parra (Jun 26, 2024 12:49:53 ET)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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


<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>MANUEL ANE PARRA</u>
	<u>15492 SW 274th STREET</u>
	<u>HOMESTEAD, FL 33032</u>
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(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:**

  
Manuel Ane Parra (Am. Id. 20240620)

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.

MANUEL ANE PARRA  
 Typed or printed name of signee

- Filing Fees:**  
 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
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