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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	CERTIFIED COPY		· · · · · · · · · · · · · · · · · · ·
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	NSTRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabili	ty Company is:			
ANE Investments LI	<u>.c</u>			
(Must cont	ain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Lin	nited Liability Company is:	
Princip	al Office Address:		Mailing Address:	
181 Crandon Blvd.		<u>.</u>	181 Crandon Blvd.	202
Unit 202			Unit 202	
Key Biscayne, FL 33	1149	 .	Key Biscayne, FL 33149	_ 🔆
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	n Registered Agonn.)	Agent's Signature: ent. You must designate an individual'or	26 8:4
	Augusto I. Perez		÷ .	7
		Name		
	181 Crandon Blvd.,			
	Florida street addres	s (P.O. Box <u>NC</u>	II acceptable)	
	Key Biscavne	FL	33149	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes r ligations of my position	ointment as regi elaptig to the pro as registered ag	r the above stated limited liability company of istered agent and agree to act in this capacity oper and complete performance of my duties tent as provided for in Chapter 605, F.S gnature (REQUIRED)	. <i>1</i>

ARTICLE IV-

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

<u>Titte:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Augusto I.Perez
	181 Crandon Blvd., Unit 202
	Key Biscavne, FL 33149
	
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(Use attachment if necessary)	
f an effective date is listed, the date must be e date of filing.) ote: If the date inserted in this block does note the decument's effective date on the Department.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days afte ot meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	ent /
This document is exe I am aware that any f	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (i) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Augusto I. Per	Typed or printed name of signee
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us

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)