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SECRETARY OF STATE  
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
ANCHOR DYNASTY PROPERTY MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ANCHOR DYNASTY PROPERTY MANAGEMENT, LLC**

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**14296 SW 39 STREET  
MIAMI, FLORIDA 33175**

**Mailing Address:**

**14296 SW 39 STREET  
MIAMI, FLORIDA 33175**

**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:

**PATRICIA DUARTE**

Name

**14296 SW 39 STREET**

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

**MIAMI, FLORIDA 33175**

City, State, and 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..*



Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"AGRM" = Authorized Member

**Name and Address:****AMBR**

ALEX LUIS DUARTE  
14296 SW 39 STREET  
MIAMI, FLORIDA 33175

**AMBR**

ANDY DUARTE  
14296 SW 39 STREET  
MIAMI, FLORIDA 33175

**AMBR**

PATRICIA DUARTE  
14296 SW 39 STREET  
MIAMI, FLORIDA 33175

**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.)

**ARTICLE VI:** Other provisions, if Any:

**None**

**REQUIRED SIGNATURE:**A handwritten signature in black ink, appearing to read "Duarte", written over a horizontal line.

**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203(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.

**PATRICIA DUARTE**

Typed or printed name of signee