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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	(Requestor's Name)
(City/State/Zip/Phone #)	(Address)
PICK-UP WAIT MAIL (Business Entity Name)	(Address)
(Business Entity Name)	(City/State/Zip/Phone #)
(Document Number)	(Business Entity Name)
	(Document Number)
Certified Copies Certificates of Status	Certified Copies Certificates of Status
Special Instructions to Filing Officer: UNIPANY (UNI & NYT. WMYTM (DWK)	Special Instructions to Filing Officer: UNIPANY (UNI & MYR. WMYR (DWR)
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#### TRANSMITTAL LETTER

TO: **Registration Section Division of Corporations** 

## Anoptimal Investment, LLC (Name of Limited Liability Company) SUBJECT:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Anoptimal Investment, us Kevin Brachle, zuthorized signatory (Name of Person) Anoptimel Investment, LLC (Firm/Company) 8204 Lowbank Drive (Address) Naples, FL 34109 (City/State and Zip Code) For further information concerning this matter, please call: Anophinal Investment, cue, Kein Brachte, Authorized (Name of Person) at (239) 249-9655 (Area Code & Daytime Telephone Number) **MAILING ADDRESS:** STREET ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** 409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee & □ \$125.00 Filing Fee

Certificate of Status Certified Copy

🖾 \$155.00 Filing Fee & 🛛 \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2006

KEVIN BRACHLE 8204 LOWBANK DRIVE NAPLES, FL 34109

SUBJECT: ANOPTIMAL INVESTMENT, LLC Ref. Number: W06000042285

We have received your document for ANOPTIMAL INVESTMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 006A00057367

November 7<sup>th</sup>, 2006

Subject: Anoptimal Investment, LLC Reference Number: W06000042285

ATTENTION: Leslie Sellers

Leslie,

Enclosed you will find the necessary documents to go along with my Certificate of Existence With Status In Good Standing. Please let me know if there are any additional corrections I will need to make in order to make this process smooth and flawless.

Kevin Brachle

Ks K

Authorized Signatory of Anoptimal Investment, LLC Phone: 239-249-9655 Email: <u>ANOPTIMALINVESTMENT@</u>Hotmail.com

## ANOPTIMAL INVESTMENT, LLC

8204 Lowbank Dr Naples, FL 34109

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. ANOPTIMAL INVESTMENT, LLC.				
(Name of Foreign Limito	od L	ability Company)		
2. NEVADA	3	N/A		
(Jurisdiction under the law of which foreign limited liabilit company is organized)	iy	(FEI number, if applicable)		
4 04/24/06	5	PERPETUAL		
(Date of Organization)		(Duration: Year limited liability company will co exist or "perpetual")	ase to	
6. UPON FILING				
(Date first transacted business in (See sections 608.501 & 608.502 )	Flo F.S.	ida, if prior to registration.) to determine penalty liability)	<u></u>	
7. 8204 LOWBANK DRIVE				
NAPLES, FL 34109				,
(Street Addr	ess c	(Principal Office)		
8. If limited liability company is a manager-manag	ed (	company, check here		
9. The name and usual business addresses of the m	ana	ging members or managers are as follows:		
	_			
8204 LOWBANK DRIVE				,
NAPLES, FL 34109				
10. Attached is an original certificate of existence, no more than f the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under oath of the translator must be s	хору	is not acceptable. If the certificate is in a foreign langu	-	±s in
11. Nature of business or purposes to be conducted	l or	promoted in Florida: SALES, MARKETING,		
ADVERTISING, AND REAL ESTATE HOLDING CON	NTR	OLLER.		
* K=B-S	20	itherized signatory of Amoptim	2 I Inici	stanat, ll
		norized representative of a member.	0	DIV
. (In accordance with section 608.408(3) an affirmation under the penalties of p		the execution of this document constitutes	. 6 N	SE
KEVIN BRACHLE			ΑO	ORE
	tad	name of signage	(1)	<u>97</u> -7

Typed or printed name of signee

PH 3: 00

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

#### ANOPTIMAL INVESTMENT, LLC.

2. The name and the Florida street address of the registered agent and office are:

**KEVIN BRACHLE** 

(Name)

8204 LOWBANK DRIVE

Florida Street Address (P.O. Box NOT ACCEPTABLE)

NAPLES

FL 34109 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 608, Florida Statutes.

Butthe rized signatory Anophimal Interment, LLC (Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent

5 PM 3:00

- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)



# **CERTIFICATE OF EXISTENCE** WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ANOPTIMAL INVESTMENT**, **LLC**., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 24, 2006, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 17, 2006.

06 NOV 15 PH 3:00

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DEAN HELLER Secretary of State

By Certification Clerk