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.\ (Re	equestor's Name)
(Ac	idress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
•	Office Use Only



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SECRETARY OF STATE
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#### **COVER LETTER**

TO:

SUBJECT:	ANTI INVESTMENTS, LLC					
	Name of Limited Liability Company					
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificated are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please return all con	prrespondence concerning this matter to the following:					
	THAMARA PEREZ					
_	Name of Person					
	TABADESA ASSOCIATE					
Firm/Company						
	7005 WEST 17th CT					
_	Address					
	HIALEAH, FL 33014					
	City/State and Zip Code					
	tammyp@tabadesa.com					
	E-mail address: (to be used for future annual report notification)					
For further informat	ation concerning this matter, please call:					
Ta	ammy Perez786 \ 541-8043					
	Name of Contact Person Area Code Daytime Telephone Number					
	G ADDRESS: STREET ADDRESS:					
Division o	of Corporations Division of Corporations					
	of Corporations Division of Corporations on Section Registration Section					
Division o Registratio P.O. Box 6	of Corporations Division of Corporations on Section Registration Section					
Division o Registratio P.O. Box 6 Tallahasse	Division of Corporations  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle					

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ANTI INVESTMENTS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability **UPON QUALIFICATION** (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7005 WEST 17th CT HIALEAH, FL 33014 (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: THAMARA PEREZ - AR 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., 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.) THAMARA PEREZ - AR Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

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### ANTI INVESTMENTS, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

THAMARA PEREZ		<del>_</del>
(Name)		ALL SEC
7005 WE	DEC - XRETA AHAY	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		-2 A
HIALEAH	FL 33014	0F SI
	City/State/Zip	DRID/

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "ANTI INVESTMENTS, LLC" IS DOLY FORMED UNDER THE LANS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANTI INVESTMENTS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5645725 8300

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You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 1898892

DATE: 11-25-14