# M1600 BBB 3188

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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APR 19 2016 J SHIVERS



March 23, 2016

ESTELLE NADEL 40 LEE BLVD SAVANNAH, GA 31405

SUBJECT: ANITA HOLDINGS, LLC Ref. Number: W16000021664

We have received your document for ANITA HOLDINGS, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 216A00005937

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

### **COVER LETTER**

**Registration Section** 

TO:

Div	rision of Corporation	ns				
SUBJECT:	ANITA HOLDING	S, LLC				
SCHULCI.		Name of Limited Liability Company				
					ensact Business in Florida," Company to transact busine	
Please return	all correspondence	concerning this matter to the	following:			
	ESTELLE NA	DEL				
	•	N	lame of Person			
	EZ ACCOUNT	ING & TAX SERVICE				
	<del></del>	F	irm/Company			
	40 LEE BLVD					
			Address			
	SAVANNAH,	GA 31405				
		City/S	State and Zip Code			
	ESTELLE72745	@ҮАНОО.СОМ				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
EST	ΓELLE NADEL		843 at (	683-046	56	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations pistration Section Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow 3125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	

#### **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	ANITA HOLDINGS LLC						
OCDUEC		Name of Limited Liability Company					
		ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida					
Please re	turn all correspondence concerning this matter to the fo	llowing:					
	ESTELLE NADEL						
	Nan	ne of Person					
	EZ ACCOUNTING & TAX SERVICE						
	Firm	n/Company					
	40 LEE BLVD						
		Address					
	SAVANNAH, GEORGIA 31405	•					
	City/Stat	te and Zip Code					
	MARSHALLGREENI@COMCAST.NET						
	E-mail address: (to be used f	or future annual report notification)					
For furth	er information concerning this matter, please call:						
	ESTELLE NADEL	843 683-0466 at ( )					
	Name of Contact Person	Area Code Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

□ \$155.00 Filing Fee &

Certified Copy

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Enclosed is a check for the following amount:

\$\Begin{align\*} \Boxed{1} \\$125.00 \text{ Filing Fee} & \Boxed{Certificate of Status} \end{align\*}\$

## 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:

1. ANITA HOLDINGS L			
		de "Limited Liability Company," "L.L.C.," or "	LLC.")
ANITA HOLDINGS OF			4 447
Liability Company," "L.L.C,		nsacting business in Florida. The alternate name	must include "Limited
2. GEORGIA	3.	47-4335216	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. MAY 2016			
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.) F.S. to determine penalty liability)	
5. 2223 NWEST SHORE			
TAMPA FL 33607			
	(Street Address of Principa	al Office)	
6. CHAND SHARMA			
7102 ABERCORN ST	REET, SAVANNAH, GA. 31406		
	(Mailing Address	s)	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	CHAND SHARMA		
	2223 N WEST SHORE BLVD RC		
Office Address:			
	TAMPA	, Florida 33607	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the appointment	process for the above stated limited liabili as registered agent and agree to act in this r and complete performance of my duties,	capacity. I further agree
	(Registered ag	gent's signature)	
8. The name, title or capa CHAND SHARMA, MA	ncity and address of the person(s) who had NAGER/OWNER	nas/have authority to manage is/are:	
7102 ABERCORN STRE	ΕΊ		
SAVANNAH, GEORGIA	31406		
	of which it is organized. (If the certifica	, duly nuthenticated by the official having c tte is in a foreign language, a translation of	
	Signature of an a	uthorized person	
This document is executed	in accordance with section 605.0203 (1	l) (b), Florida Statutes. I am aware that any	false information

CHAND SHARMA

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Control Number: 12028272

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## ANITA HOLDINGS, LLC

### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

:13036073 :03/29/2012 :Georgia :03/28/2016



Brian P. Kemp Secretary of State