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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ANRU OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ANRU OF FLORIDA, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ANGELA ESPERANZA SAMBADE
Name (Printed or typed)

20533 BISCAYNE BLVD SUITE 777
Address

AVENTURA, FL 33180
City, State & Zip

3059877240
Daytime Telephone number

gygj77@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: ANRU OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20533 BISCAYNE BLVD STE 777
AVENTURA, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELA ESPERANZA SAMBADE PRESIDENT
Address: 20533 BISCAYNE BLVD SUITE 777
AVENTURA, FL 33180

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GERSTLE ROSEN & GOLDENBERG PA

Address: 2630 NE 203 STREET SUITE 104

AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELA ESPERANZA SAMBADE

Address: 20533 BISCAYNE BLVD SUITE 777

AVENTURA, FL 33180

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent — 12/15/2014 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

X _____ Required Signature/Incorporator — X 12/16/2014 Date