partment of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. AN&HE INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

58

Electronic Filing Menu

Corporate Filing Menu

Help

	THE COLUMN CANADATION I	OKFLORIDALIMI	EDLIABILITY COMPANY
ARTIC	LEI - Name:		
The nam	e of the Limited Liability Company is:		
	AN&HE INVESTMENTS, LLC		
	(Must contain the words "Limit	ted Liability Compar	y, "L.L.C.," or "LLC.")
ARTICI	E II - Address:		,
The mail	ing address and street address of the princip	al office of the Limit	ed Liability Company is:
· :	Principal Office Address:		Mailing Address:
ş	3103 KELP LANE		03 KELP LANE
į.	OXNARD, CA 93035		(NARD, CA 93035
			MARD, CA 93035
another' h	E III - Registered Agent, Registered Officited Liability Company cannot serve as its obusiness entity with an active Florida registra and the Florida street address of the register	wn Registered Agent ition.)************************************	ent's Signature: . You must designate an individual or
	<u>JUAN G. ROJAS N</u>	MATAMOROS	
		Name	
4	8430 BIRD RD		
•	Florida street addr	ess (P.O. Box <u>NOT</u>	acceptable)
	MAMI	FL	33155

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 60%, F.S.,

City

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

:.

4

<u>Title:</u>	
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	
	JUAN G. ROJAS MATAMOROS
	3103 KELP LANE
	OXNARD, CA 93035
(Lise attachment if necessary)	
(Use attachment if necessary)	$a \rightarrow b_{1}$
CLE V: Effective date, if other than the date	of filing: 02/17/2025 (OPTIONAL)
CLE V: Effective date, if other than the date	c of filing: 02/17/2025 (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	seeme and cannot be more than five business days prior to or 90 days aft
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not re-	meet the applicable states. St.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not re-	meet the applicable states. St.
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recurrent's effective date on the Department	meet the applicable states. St.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not recurrent's effective date on the Department CLE VI: Other provisions if any	meet the applicable statutory filing requirements, this date will not be listed of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not recurrent's effective date on the Department CLE VI: Other provisions if any	meet the applicable states. St.

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