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SECRETARY OF STATE  
FALL ARIZONA

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ALLAN M. GLASER, P.A.

Biscayne Centre  
Suite 807  
11900 Biscayne Boulevard  
Miami, Florida 33181

ALLAN M. GLASER  
ATTORNEY AT LAW

TELEPHONE (305) 893-5999  
TELEFAX (305) 893-8251

March 5, 2007

Florida Department of State  
Division of Corporation  
Attn: Registration Section  
PO Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Re: 19 Angels, LLC  
Our File No. 2535-30

Dear Sir or Madam:

Enclosed please find the original and a copy of the Articles of Organization for 19 Angels, LLC, together with a check payable to Department of State in the amount of \$130.00 which includes your registration fee of \$125.00 and \$5.00 for a Certificate of Status. Please stamp the copy with the date of filing and return it with the Certificate of Status.

Should you have any questions or problems regarding this request, please do not hesitate to contact our office.

Cordially yours,

  
ALLAN M. GLASER

AMG/vr  
Enc.

170602535-30/030507

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**19 ANGELS, LLC**

**ARTICLE II - Address:**

The mailing address and street of the principal office of the Limited Liability Company is:

Attn: Alessandro Pizzorni, 1111 Kane Concourse, Suite 418,  
Bay Harbor Islands, Florida 33154

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

ALLAN M. GLASER, P.A.

Name

11900 BISCAYNE BLVD. SUITE 807

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FLORIDA 33181

City, State, and 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, F.S.*

*Allan M. Glaser P.A.*

Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

(An additional article must be added if an effective date is requested)

Member Alessandro Pizzorni represented by: *Allan M. Glaser*

Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Allan. M Glaser

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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