L10000093381

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomess Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 12 10



900184823249

09/02/10--01028--009 **130.00

FILED

10 SEP -2 MID: 47

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

SEP 07 2010

EXAMINER

COVER LETTER

TO: Registration O	on Section f Corporations		
SUBJECT:		n Angel, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	Jus	tyna Michalowska	
		Name of Person	
		Firm/Company	
	901 Venet	ia Bay Blvd. Suite 220-B	
		Address	
		enice, FL 34285	
	Ci	ty/State and Zip Code	
-	E-mail address: (to be used	for future annual report notification)	6
For further informat	tion concerning this matter, pleas	e call:	ĔP -:
	a Michalowska	at (941) 485-5784	-2 MB
N	ame of Person	Area Code & Daytime Telephone Number	はつ
Enclosed is a chec	k for the following amount:	TE NIDA	4
□\$125.00 Filing Fee	ee 2\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	•
	n Angel, LLC
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
901 Venetia Bay Blvd.	P.O. Box 301
Suite 220-B	Nokomis, FL 34274
Venice, FL 34285	
The name and the Florida street address Justyna	of the registered agent are: Michalowska
	Name CC S
901 Venetia	Bay Blvd. Suite 220-B
	street address (P.O. Box NOT acceptable)
	Venice, FL 34285
	City, State, and Zip
liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp	and to accept service of process for the above the dimited timited at the appointment as capacity. I further agree to comply with the provisions of a plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
P. C	
flast pa	/ hohabouther
Registered Agent	's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 4 2 10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u>	Name and Address:	
	"MGR" = Manager		
	"MGRM" = Managing Men	er en	
	MGRM	Justyna Michalowska	
		901 Venetia Bay Blvd. Suite 220-B	
		Venice, FL 34285	
	MGRM		
	MGKIMI	Angela DiSarro	
		901 Venetia Bay Blvd. Suite 220-B	
		Venice, FL 34285	
	MGRM	Artur Wasielewski	
		901 Venetia Bay Blvd. Suite 220-B	
		Venice, FL 34285	
	(Use attachment if necessar		
ARTI	CLE V: Effective date, if other	han the date of filing:09/02/2010 . (OPTIONAL)	
(If an	effective date is listed, the da	must be specific and cannot be more than five business days pric	or
to or 9	90 days after the date of filing		
	REQUIRED SIGNATUR	Āo. →	
	- K	member or an authorized representative of a members 2	
	$\left(\frac{\chi u}{\omega}\right)$	The maurota \$5	
	Signature	hember or an authorized representative of a member $\overset{\sim}{\sim}$	
	(In accorda	with section 608.408(3), Florida Statutes, the execution	;
	of this docu	ent constitutes an affirmation under the penalties of perjury.	
	that the fac	stated herein are true.)	
		Justyna Michalowska	
		Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)