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Florida Department of State

Division of Corporations Public Access System

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977 D3 APK II III O' E'

PR 11 PM 2: 03

LIMITED LIABILITY COMPANY

ANGRY BROOM LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ANGRY BROOM LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 248 N.W. 95 AVE PLANTATION, FL 33324

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

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

| | INGRID LEBRON | |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ~ | Name | |
| | 248 N.W. 95 AVE | |
| | Florida street address (P.O. Box NOT acceptable) | |
| | PLANTATION FL 33324 | |
| | City, State, and Zip | |
| iability company at a registered agent and | as registered agent and to accept service of process for the above state the place designated in this certificate, I hereby accept the appointment agree to act in this capacity. I further agree to comply with the provide proper and complete performance of my duties, and I am familiar was of my pa | et d sio rith |
| (An | additional article must be added if an effective date is requested) | |
| š | Signature of a momber 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.) | |
| | INGRID LEBRON | |

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Typed or printed name of signee

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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ARTICLE IV - MANAGERS

The name and Florida street address of the managers are:

INGRID LEBRON (MGR) 248 N.W. 95 AVE PLANTATION, FL 33324

NUVIA N. BELLORIN (MGR)
248 N.W. 95 AVE
PLANTATION, FL 33324

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