

L03000029854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

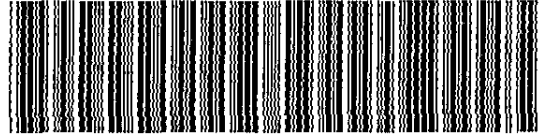
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CSC
1201 HAYS STREET
TALLAHASSEE, FL 32301

CONTACT:

Susan Knight

ACCOUNT #: 072100000032

REF#:

202 373-5

AUTHORIZATION:

Patricia Knight

COST LIMIT:

125.00

ORDER DATE:

8-12-03

ENTITY NAME:

Angel Air LLC

• DOMESTIC FILING

FOREIGN FILING

☒ ARTICLES OF INCORPORATION

Organization

----- CERTIFICATE OF LIMITED PARTNERSHIP

----- QUALIFICATION

----- CERTIFICATE OF LLC

----- ARTICLES OF AMENDMENT

PLEASE RETURN

☒ STAMPED COPY

----- CERTIFIED COPY

----- CERTIFICATE OF GOOD STANDING

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STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angelaair LLC

ARTICLE II - Address:

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

1001-198 Jarvis Street, Toronto, Ontario M5B 2J9, Canada

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

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

Corporation Service Company

Name _____

1201 Hays Street

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

Tallahassee FL 32301

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.

Corporation Service Company

By: Kabathamilli Asst. LR
Registered Agent's Signature

Registered Agent's Signature

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

Signature of a 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.)

A. P. WALSH

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)