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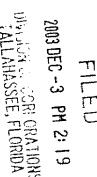
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	C. En.
SUBJECT: Angela Tomburo, LLC (Name of Limited Liability Company)	Man KIL
The enclosed Articles of Organization and fee(s) are submitted for filing.	City Ci
Please return all correspondence concerning this matter to the following:	OBO45
Angela Tamburro (Name of Person)	_
Angela Tamboro (Firm/Company)	
P. O. Box 405, Debary	
Debay Fl. 32713 (dity/State and Zip Code)	

For further information concerning this matter, please call:

Angela Tamburro at 386 753-1246 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

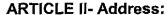
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

# ANGELA TAMBURRO, LLC



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

**Principal Office Address:** 

**Mailing Address:** 

60 Bouganvilla DeBary, Florida 32713 Post Office Box 405 DeBary, Florida 32713-0405

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

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

ANGECA Tamburro 60 Bouganvilla DeBary, Florida 32713

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, Florida Statutes.

Registered Agent's Signature

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

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

Title:

MGR")= Manager

Name and Address:

A NGELA Tamburro, MGR.

"MGRM" = Managing Member

60 Bouganvilla

DeBary, Florida 32713

NOTE: An additional article must be added if an effective date is requested.

AND CONTRACTOR OF STREET

#### **REQUIRED SIGNATURE:**

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.)

ANGELA TAMBURRO
Typed name of Signee

## Fume 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)