

L04 0000 81455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1410
unst



800042447218

000000-9167-015 **135.00

WALLAHLASSEE, FLOID.

04 NOV -9 PM 3:26

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

Subject: Angel Offsite, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J. Crawford
(Name of Person)

Angel Offsite, LLC
(Firm/Company)

8173 Pompano Street
(Address)

Navarre, FL 32566
(City/State and Zip Code)

FILED
04 NOV -9 PM 3:26
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William J. Crawford at 850-855-8067
(Name of Person) (Area Code & Daytime Phone 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: Angel Offsite, LLC

ARTICLE II – Address:

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

Principal Office Address:

8173 Pompano Street
Navarre, FL 32566

Mailing Address:

8173 Pompano Street
Navarre, FL 32566

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature

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

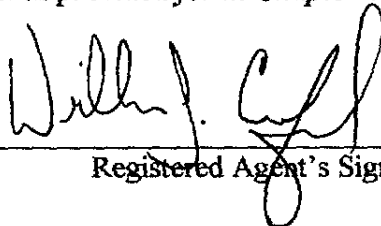
William J. Crawford
Name

8173 Pompano Street
Florida street address (P.O. Box NOT acceptable)

Navarre, FL 32566
City, State, and Zip

FILED
04 NOV - 9 PM 3:26
TALLAHASSEE, FLORIDA

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 registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

Page 1 of 2
(CONTINUED)

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

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

Title:

"MGR" – Manager

"MGRM" – Managing Member

Name and Address:

MGRM

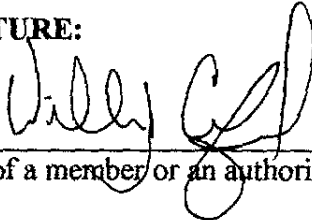
William J. Crawford
8173 Pompano Street
Navarre, FL 32566

MGMR

Kathy J. Crawford
8173 Pompano Street
Navarre, FL 32566

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

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.)

William J. Crawford

Typed or printed name of signee

LAHASSER, FLORIDA

04 NOV -9 PM 3:26

FILED