## 105000 32002

(Requestor's Name)		
(Address)		
<b>,</b>		
(Address)		
(City/State/Zip/Phone #)		
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☐ PICK-UP WAIT ☐ MAIL		
(Business Entity Name)		
(Document Number)		
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	Floresma & Finishing
SUBJECT: ANGLES WE (Name of Limited	Flooring & Finishing  A Elsov & Finishing  A Liability Company)
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Angel Romi	Name of Person)
Magel's wood F	looving & Finishing LLC Firm/Company)
1733 Belvadere	Str.  (Address)
Jallahassee, F.	(Address)  OF APPR 1  APPR 1  APPR 1  State and Zip Code)  FLORI  call:
For further information concerning this matter, please of	all:
Total Angel Ramívez (Name of Person)	at (850) 294-5586 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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:	
ARTICLE II - Address:	ng & Finishing LLC-
Principal Office Address:	Mailing Address:
1733 Belvodarest Tallahasser, Florida 32308	1733 Belvedere st. Tollahaskee Florida 32308
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re  Angel Ram  Name  1733 Balvad av  Florida street address	APR-L

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..

Registered Agent's Signature

(CONTINUED)

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The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) 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.)

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)