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(Requestor's Name)				
(Address)				
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(Gi	y/State/Zip/Phone	• #A		
PICK-UP		MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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M. HODGES

05 JUN 14 FN 2: 34

TRANSMITTAL LETTER

TO:	Registration Se Division of Co			- 	
SUBJE	SUBJECT: Angel L. Hampton, L.L.C.				
	(Name of Limited Liability Company)				
The en	closed Articles o	f Organization and fec(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	Angel L.	Hampton			
	 	(1	Name of Person)		
Ange	el L. Hampton, L	L.C.			
			Firm/Company)	····	
	913 Boeing	Street, NE			
		· · · · · · · · · · · · · · · · · · ·	(Address)		
	Deter	D.,, El 20007			
	Palm	Bay, FL 32907	State and Zip Code)		
		(City)	State and Zip Code)		
For furt	her information of	concerning this matter, please	call:		
Michae	el S. Cerow, CP	Α [at (321) 242-2511 (Area Code & Daytime To		
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclos	ed is a check fo	r the following amount:			
Ø \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &	
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
	etide:	ET ADDRESS:	artitians a	DDDECC.	
		ration Section	MAILING A Registration S		
	Divisio	on of Corporations	Division of Co	orporations	
		Gaines Street assee, Florida 32399	P.O. Box 6321 Tallahassee, F		
	I an all	issou, Flutina Jajyy	i ananassee, f	1011u2 32314	

RTICLES OF ORGANIZATION	N FOR FLA	JRIDA LIVITED LIABI	LITY COMPANY
ARTICLE I - Name: The name of the Limited Liability C	omnany is:		
The name of the Entitled Elability C	ompany is.		
Angel L. Hampton, L.L.C.	ä, ∺÷		·
			
ARTICLE II - Address: The mailing address and street addre	ess of the prin	ncipal office of the Limited I	Liability Company is:
Principal Office Address:		Mailing Address:	
913 Boeing Street, NE	<u></u>	913 Boeing Street, NE	
Palm Bay, FL 32907		Palm Bay, FL 32907	<u> </u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>		
ARTICLE III - Registered Agent,	Registered	Office, & Registered Agent	's Signature:
The name and the Florida street add	ress of the re	gistered agent are:	
Angel L. Hampton	<u></u>		•
	Name		
913 Boeing Street	, NE	<u></u>	 .
Flor	rida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Palm Bay, FL 329	07	FL	
	City, State, an	d Zip	
Having been named as registered as liability company at the place des registered agent and agree to act in statutes relating to the proper and accept the obligations of my posi	signated in thi this capacity. complete perj tion as regist	is certificate, I hereby accept i I further agree to comply wit formance of my duties, and I c ered agent as provided for in	the appointment as th the provisions of all an familiar with and Chapter 608, F.S
Regis	Acred Agent's S	Jampson 5/	
	(CONTINU	ED)	05
	Page 1 of 2		် ယူ <u>သို့</u>

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	Angel L. Hampton 913 Boeing Street, NE Palm Bay, FL 32907
·	
(Use attachment if necessary)	·
NOTE: An additional article must be a REQUIRED SIGNATURE:	idded if an effective date is requested.
Signature of a member or	A J J amples 5/6/8- an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Angel L. Hampton Typed c	or printed name of signee

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)