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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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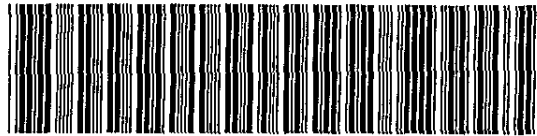
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARTIN J. FELDMAN, ESQ.

P. O. Box 1647

Deerfield Beach, Florida 33443

Telephone and Fax: 1-954-596-4467

August 1, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: The Angelos Creations, Inc. - A Florida Limited Liability Company
Transmittal of Filing Fee and Articles of Organization for Filing

Dear Sir or Madame:

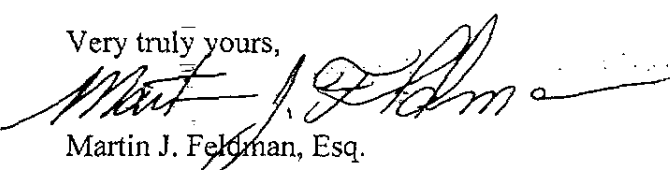
Attached please find the following: 1) Check in the amount of \$125.00, for the filing charges; and 2) Articles of Organization for Angelos Creations, LLC, a Florida Limited Liability Company.

Please file the enclosed Articles and send the certified copy of the Articles to the following addressee:

Martin J. Feldman, Esq.
P. O. Box 1647
Deerfield Beach FL 33443.

Thank you for your assistance in this matter.

Very truly yours,


Martin J. Feldman, Esq.

Enc.

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**ARTICLES OF ORGANIZATION
OF
ANGELOS CREATIONS, LLC**

ARTICLE 1 – NAME OF LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: **ANGELOS CREATIONS, LLC**

ARTICLE 2- ADDRESS OF PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is: **703 Sunny Pine Way, Apt. B3, Greenacres, Florida 33415.**

ARTICLE 3 – NAME AND ADDRESS OF REGISTERED AGENT

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

**MICHAEL GONZALEZ
703 Sunny Pine Way
Apt B3
Greenacres, Florida 33415**

Having been named as registered and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept 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 obligation of my position as registered agent as provided for in Chapter 608 F.S.



MICHAEL GONZALEZ, Registered Agent

ARTICLE 4 – MANAGEMENT OF COMPANY

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


MICHAEL GONZALEZ
Managing Member

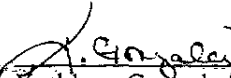
**703 Sunny Pine Way
Apt B3
Greenacres, Florida 33415**

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KATHLEEN GONZALEZ
Managing Member

703 Sunny Pine Way
Apt B3
Greenacres, Florida 33415


Michael Gonzalez, Managing Member


Kathleen Gonzalez, Managing 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.)

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TALLAHASSEE, FLORIDA