## Laboro 033913

(Requestor's Name)
(Address)
( marcos)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



500068159685

03/31/06--01026--024 \*\*125.00

SECRETARY OF STATE OIVISION OF CORPORATION OF CORPO

DIVISION OF CORPORATION

03

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Angry China Man, LCC	SECRETARY OF STA
	3. AAT
	8 7
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Com Record Secret
	Corp Record Search  Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
WL 3/3/ //:00	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick IIn	

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Angry China Man, LLC			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compa	ny is:	
Principal Office Address:	Mailing Address:		
Cococi, FL 32427	Idou Bancroft Ave Cocoa, FL 32927		
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:	200	DIVIS
The name and the Florida street address of the registered agent are:		2006 MAR 3	SION OF CO
Cocoa,	address (P.O. Box <u>NOT</u> acceptable)  FL 3292	PM 3: 20	OF STATE ORPORATIONS
City, Stan	e, and Zip		

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)

Page 1 of 2

ARTICLE I	V-Mai	nager(s) o	r Managi	ing Men	aber(	(z):

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	James M. Kubalawaa Colo II Bancroft Ave Coloa FL 38927		
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:	Talalage		
Signature of a member or an authorized representative of a member.			

Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Jounes M. Kubalauza
Typed or printed name of signee

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)