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SECRETARY OF STATE

## **COVER LETTER**

то:	Registration Sect Division of Corp				
SUBJE	ест: <u>Ange</u>	UFOX AIR ANG (Name of Limited	LANG HACH	465; LLC	
The end	closed Articles of C	Organization and fee(s) are su	bmitted for filing.		
Please	return all correspor	ndence concerning this matter	r to the following:		
	RONALO	! Fox	Name of Person)		
SAME AS ABOVE (Firm/Company)					
		306 E. PAZI	n 5T		
	DAUCNPORT, F.L. 33837 (City/State and Zin Code)				
		(City)	State and Elp Code)		
For fur	ther information co	oncerning this matter, please	call:		
Round Fox at (407) GZ90569 (Name of Person) (Area Code & Daytime Telephone Number)					
	(Name o	f Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for the following amount:					
		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
ANGELL FOX AIR AND LAND (Must end with the words "Limited Liability Company, "Limited  ARTICLE II - Address:	How dinks, LLC Company" or their abbreviation "LLC," or "L.C.,")
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
306 E. PALM STREET DAUGNPORT, FL. 33837	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
HOWARD GR.	ATER
9172 MONTEVE	
	ess (P.O. Box <u>NOT</u> acceptable)
City, State, ar	FL 32818. nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signature	DIVISION OF CORPORATION  OF HAY 19 PH 12: 44  JED)
(CONTINU Page 1 of 2	PH 12: 44  DED)

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Man			
MGRM MGRM	Zonaci F 306 E. Pau Davenport	OX M ST. T, FL . 33837	
MERM	TODDY AND 22516 F. HAWTHON	166CL CR 1474 NE, FC. 32640	
		<u></u>	
<u> </u>			
(Use attachment	f necessary)		
	GNATURE:	nore than five business days prior	
	Signature of a member or an authorized representative of a member.		
	(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Typed or printed name of signee	00	
Filing Francis	71 F	SECI S MA	

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)

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