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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2001 JUN 12 P 1: 2

A)

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Angler F	Properties, LLC		
	(Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Mark A. Jar	nes or Keith J. Black		
	(1)	Name of Person)	TI -
	(Firm/Company)	Siz P
640 Ocean	Inlet Drive		P. 1: 2:
		(Address)	RIDE 25
Boynton B	each, FL 33435		₩
	(City)	(State and Zip Code)	
For further information	concerning this matter, please	call:	
Keith J. Black		at (561) 523-1105	
(Name	e of Person)	(Arca Code & Daytime To	lephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	- ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Angler Properties, LLC			
(Must end with the words "Lim	ited Liability Compar	ny, "Limited Company" or their abbreviation "L	LLC," or "L.C.,")
ARTICLE II - Addres	s:		
The mailing address and	d street address o	of the principal office of the Limited	d Liability Company is:
Principal Office Addre	000+	Mailing Address	
Frincipal Office Addre	<u>ess:</u>	Mailing Address:	, char F
640 Ocean Inlet Drive		640 Ocean Inlet Drive	*.c ~-
Boynton Beach, FL 33435		Boynton Beach, FL 33435	
(The Limited Liability Compan	v cannot serve as its	gistered Office, & Registered Age own Registered Agent. You must designate and	indizidual or another
The name and the Florie	Florida registration.)	s of the registered agent are:	O I: 25
The name and the Florie	Florida registration.) da street address	ŗ	FI STATE
The name and the Florid Keit	Florida registration.) da street address	s of the registered agent are:	FI STATE
The name and the Florid Keit	Florida registration.) da street address h J. Black Ocean Inlet Driv	s of the registered agent are:	D 1: 25
The name and the Florid Keit	Florida registration.) da street address h J. Black Ocean Inlet Driv	S of the registered agent are: Name Ve	D 1: 25
The name and the Florid Keit	Florida registration.) da street address h J. Black Ocean Inlet Driv Florida	Name ve street address (P.O. Box NOT acceptable)	D 1: 25

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGRM	Mark A. James
	2011 E. Gondola Ln
	Gilbert, AZ 85234
	TAG 28
	- F T
	THE U
	SSS 12
	TES I
	. Om is
	, vt.
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other th	an the date of filing: (OPTIONAL
· · · · · · · · · · · · · · · · · · ·	nust be specific and cannot be more than five business days
90 days after the date of filing.)	
REQUIRED SIGNATURE:	101
	Will some some some some some some some some

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Mark a. James

Typed or printed name of signee