

L07000073176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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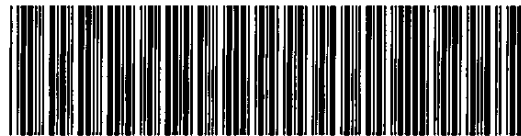
Crista Jones CAVE

REGISTRATION BY PHONE TO

NOT eff date to be 7/13/07

07/13/07 @ 1:30 pm

J. Bryan



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07/12/07--01026--028 **155.00

EFFECTIVE DATE

07/13/07

07 JUL 13 PM 1:59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We7-33564
J. BRYAN JUL 13 2007

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2007

CHRISTA T JONES
ANGYL LLC
9162 ENCHANTMENT DRIVE
LARGO, FL 33773

SUBJECT: ANGYL LLC
Ref. Number: W07000033564

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DIVISION OF CORPORATIONS
07 JUL 13 PM 1:59

We have received your document for ANGYL LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 12, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 707A00044678

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angyl LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christa T Jones

(Name of Person)

Angyl LLC

(Firm/Company)

9162 Enchantment Drive

(Address)

Largo, Florida 33773

(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Christa Jones

(Name of Person)

at (727) 504-9352

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angyl LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9162 Enchantment Dr
Largo, Florida 33773

Mailing Address:

9162 Enchantment Dr
Largo, Florida 33773

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christa Jones

Name

9162 Enchantment Drive

Florida street address (P.O. Box **NOT** acceptable)

Largo, FL 33773

City, State, and Zip

EFFECTIVE DATE
07/13/07

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..

Christa Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1st, 2007 ^{13th} (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Christa Jones

Signature of a member or an authorized representative of a 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.)

Christa T Jones

Typed 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)