

LOG600068510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

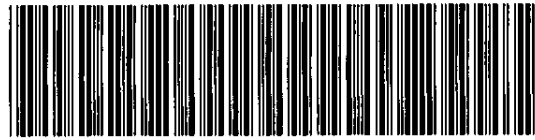
(Business Entity Name)

(Document Number)

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RECEIVED
08 JUL 16 AM 11:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 JUL 16 PM 3:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

7/16/08

B. KOHR

JUL 16 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE 7/16/08

FILED
08 JUL 16 PM 3:15
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ANGELINA JOLIE LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in
 Mail out

Pick up time 2.05
 Will wait

Photocopy

Certified Copy
 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

EFFECTIVE DATE 7/10/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angelina Jolie LLC

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

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ARTICLE II - Address:

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

Principal Office Address:

16805 SW 97 AVE
MIAMI, FL 33157

Mailing Address:

PO BOX 343889
FLORIDA CITY, FL 33034

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:

JAVIER PELLETIER

Name

16805 SW 97TH AVENUE

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

MIAMI, FL 33157

City, State, 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.

J. Pelletier

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

<u>PRESIDENT</u>	<u>ANGELINA JOLIE PELLETIER</u> <u>PO BOX 343889</u> <u>FLORIDA CITY, FL 33034</u>
<u>"CEO"</u>	<u>JAVIER PELLETIER</u> <u>PO BOX 343889</u> <u>FLORIDA CITY, FL 33034</u>
<u>Director of Operation</u>	<u>MARTHA C PELLETIER</u> <u>PO BOX 343889</u> <u>FLORIDA CITY, FL 33034</u>
<u>"MGR M"</u>	<u>JAVIER PELLETIER JR.</u> <u>PO BOX 343889</u> <u>FLORIDA CITY, FL 33034</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 10, 2008 (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:



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.)

Javier Pelletier

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)

"MGRM"

LISSETTE PELLETIER

P.O. Box 343889

FLORIDA CITY, FL 33034

"MGRM"

JENNIFER M. PELLETIER

P.O. Box 343889

FLORIDA CITY, FL 33034.