## 08000103015

(Requ	estor's Name)	
(Addre	ess)	
(Addre	SS)	
(City/S	itate/Zip/Phone #)	
PICK-UP	WAIT MA	IL.
(Busin	ess Entity Name)	·
(Docur	ment Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fili	ng Officer	

A. LUNT

NOV - 4 2008

**EXAMINER** 

Office Use Only



100137349331

11/03/08---01022---005

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ANGEL PAWS 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:				
LYNN HUNT HOFFMAN (Name of Person)				
ANGEL PAWS				
(Firm/Company)				
240 NW 9th STREET				
(Address)				
BOCA RATON, FL 33432				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Lynn Hvn Hoffman at (56) 305-3647 500				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{\$\text{\$\text{Status}\$} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{certified Copy} \text{(additional copy is enclosed)}}}} \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$				
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•	
The name of the Limited Liability Compa	any is:	
ANGEL PAWS		
. (Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
240 NW 9th Street Boca Raton, FL 33432	240 NW 9th S Boca Raton, FL	heet 33432
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	of the registered agent are:	
I van H	int Hoffman	THE S
	Name	SSE SE
240 NV	v 9th Street	
Florida st	treet address (P.O. Box NOT acceptable)	STATE SE
Boca Ra	tun FL 33432	京市 。
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..

Registered Agent's Signature (REOLIRED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Hunt Hoffman
Typed or printed name of signee

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)