

LD90000001126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

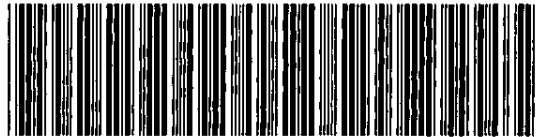
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800139390308

01/05/09--01028--004 \*\*125.00

EFFECTIVE DATE  
11/09

FILED  
09 JAN -5 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. JAN - 6 2009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Angel Four 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:

**Jeffrey R Hossler**

(Name of Person)

(Firm/Company)

**18350 Vicenza Way**

(Address)

**Miromar Lakes, FL 33913**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jeffrey R Hossler**

(Name of Person)

at ( **239** ) **494-2468**

(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:

Angel Four 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:

18350 Vicenza Way Miromar Lakes, FL 33913

#### Mailing Address:

18350 Vicenza Way Miromar Lakes, FL 33913

### 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:

Jeffrey R Hossler

Name

18350 Vicenza Way

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

Miromar Lakes, FL 33913

City, State, and Zip

FILED  
09 JAN - 5 PM 4: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Jeffrey R Hossler  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

"MGRM" = Managing Member

**Miromar Lakes, FL 33913**

Page 2 of 2