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M. THOMAS

JAN 7 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Angel Three LL	.C
	(Name of Limited Liability	Company)
The en	nclosed Articles of Organization and fee(s) are submitted fo	r filing.
Please	return all correspondence concerning this matter to the following	owing:
	Jeffrey R Ho	ossler
	(Name of Per	son)
	(F:/C	
	(Firm/Compa	
	18350 Vicen	
	(Address)	
	Miromar Lakes	
	(City/State and Zi	p Code)
For fur	rther information concerning this matter, please call:	SECRETARIAN ESCAPA
	Jeffrey R Hossler at (239	1
	(Name of Person) (Ar	ea Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	1 2:51 STATE LORIDA
√ \$125.	Certificate of Status Certific	Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration Section Re Division of Corporations Division of Corporations P.O. Box 6327 Cli Tallahassee, FL 32314 260	reet/Courier Address gistration Section vision of Corporations fton Building 61 Executive Center Circle Ilahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:	
	ngel Three LLC	
(Must end with the we	ords "Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of th	ne Limited Liability Company is:
Principal Office Address:	Mailing Addres	<u>ss:</u>
18350 Vicenza Way Miromar Lakes, FL	33913 18350 Vicenza Way	/ Miromar Lakes, FL 33913
(The Limited Liability Company cannot set business entity with an active Florida regi	ent, Registered Office, & Registered as its own Registered Agent. You must destration.) address of the registered agent are	esignate an individual or another
	Jeffrey R Hossler	
	Name	
	18350 Vicenza Way	
	Florida street address (P.O. Box NOT	acceptable)
Miro	mar Lakes, F _F L 33913	
	City, State, and Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper of	ed agent and to accept service of proceed designated in this certificate, I here to in this capacity. I further agree to and complete performance of my disposition as registered agent as proceed.	reby accept the appointment as o comply with the provisions of all uties, and I am familiar with and
Register	ed Affent'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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Jeffrey R Hossler	
	18350 Vicenza Way	
	Miromar Lakes, FL 33913	
		-
		
		
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(Han attack mant if manner)		¥g 99
(Use attachment if necessary)		Ş <u>Ş</u> ≤
ARTICLE V: Effective date, if other than the	date of filing: 1-1-2009 .(OPT)	IONAL)
(If an effective date is listed, the date must be	specific and cannot be more than five busines	s davs prior
to or 90 days after the date of filing.)		ss days prior
		習る。
REQUIRED SIGNATURE:		हुत्य क्ष
REQUIRED SIGNATURE.		-, -
	Hely K Horsell	
Signature of a member	op 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.)		
	frey R Hossler	
	ped 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)