13359

(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:
(Business Entity Name) (Document Number) Certified Copies Certificates of Status

Office Use Only

FF \$150,00 Cus 5.00



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G. MCLEOD

MAY - 5 2009

EXAMINER

COVER LETTER

TO: Registration (Division of C			
SUBJECT: ANGE		Florida Limited Company	+
convert an "Other Buaccordance with s. 6	cate of Conversion, Arnsiness Entity" into a "08.439, F.S.	ticles of Organization Florida Limited Liabi	, and fees are submitted to
Please return all corr	espondence concernin	g this matter to:	
JODI RONEN		_	
•	(Contact Person)		
ACCU-TAX & ACCOL	INTING SERVICES, INC		
	(Firm/Company)		
130 NE 4TH AVE			
	(Address)		
DEERFIELD BEACH,	FL 33441		
(1	City, State and Zip Code)		
For further informati	on concerning this ma	tter, please call:	
JODI RONEN		at (954) 574	-0081
(Name of Conta	ict Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check t	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A Registration Division of G P. O. Box 63 Tallahassee,	Section Corporations 27

DIVISION INTER

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

09 APR 28 AM 10: 26

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

ANGEL-BR	(Enter Name of Other Business Entity)
	**
	siness Entity" is a CORPORATION
	pe. Example: corporation, limited partnership, sole proprietorship, eneral partnership, common law or business trust, etc.)
first organized, fo	rmed or incorporated under the laws of FLORIDA
	ter state, or if a non-U.S. entity, the name of the country)
3. If the jurisdicti	Other Business Entity" was first organized, formed or incorporated) on of the "Other Business Entity" was changed, the state or country which it is now organized, formed or incorporated:
4. The name of the Articles of Organ	ne Florida Limited Liability Company as set forth in the attached nization:
ANGEL-BRITE, LLC	D
	(Enter Name of Florida Limited Liability Company)
	on the date of filing, enter the effective date: te: 1) cannot be prior to nor more than 90 days after the date this

Signed this 20	day of APRIL	20_09
Signature of Mem	ber or Authorized Represent	ative of Limited Liability Company:
Signature of Memb Printed Name: <u>CAR</u>	er or Authorized Representativ LANDRADE	e: Title: MGRM
Signature(s) on bel	nalf of Other Business Entity:	[See below for required signature(s).]
Signature:Printed Name: CAR	LANDRADE	Title: PRESIDENT
		Title:
		Title:
Signature: Printed Name:		Title:
Signature:Printed Name:		Title:
Signature:Printed Name:		Title:
	tion: an, Vice Chairman, Director, or ers have not been selected, an In	
If Florida General I Signature of one Gen	<mark>Partnership or Limited Liabili</mark> neral Partner.	ty Partnership:
If Florida Limited I Signatures of ALL C	Partnership or Limited Liabili General Partners.	ty Limited Partnership:
All others: Signature of an author	orized person.	
Fees:		
		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	TT	CI	\mathbf{E}	[_ `	Na	me	•

The name of the Limited Liability Company is:

ANGEL-BRITE, LLC	3
Must end with the words "Limited Liability Company," the abbreviation "L.L.C" or the designation]
IC"	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
_512 MOCKINGBIRD LANE	512 MOCKINGBIRD LANE
ALTAMONTE SPRINGS	ALTAMONTE SPRINGS
FL 32714	FL, 32714

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:

CARL ANDRADE	
Name	
512 MOCKINGBIRD LANE	
Florida street address (P.O.	Box NOT acceptable)
ALTAMONTE SPRINGS	FL 32714
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 (REQUIRED)

Milande

(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:

MGRM" = Managing Member	r
MGRM	CARL ANDDADE
	CARL ANDRADE 512 MOCKINGBIRD LANE
	ALTAMONTE SPRINGS, FL 32714
MGR	LENICE ANDRADE
	512 MOCKINGBIRD LANE
	ALTAMONTE SPRINGS, FL 32714
	(Use attachment if necessary)
TRINICO de la companya	a 1
EV: Effective date, if other th	
	(OPTIONAL)
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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)