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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

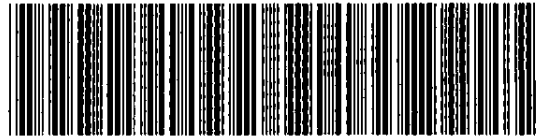
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Certificates of Status _____

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12/07/09--01043--002 **125.00

EFFECTIVE DATE
12/1/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC - 7 PM 1:53

FILED

N. O'Connell

DEC - 8 2009



Chamberlin
Patrick P.A.
attorneys

Your business. Your family. Your home.

Hunter H. Chamberlin
Bradford A. Patrick
Gary L. Butler
Daniel Crowe

December 2, 2009

Via U.S. Mail

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ark Angel Transport, LLC
Registration of new LLC

Dear Sir/Madam:

Enclosed is the original fully executed Articles of Organization for the above referenced above, along with our firm's check in the amount of \$125.00 made payable to the Florida Department of State to cover the filing fee costs.

Please contact me if you have any questions or if you have additional requirements to be fulfilled to accomplish the above.

Thank you.

Sincerely,

CHAMBERLIN PATRICK, PA

Bradford A. Patrick, Esq.
Registered Agent for Ark Angel transport, LLC

3001 N. Rocky Point Drive East, Suite 200

Tampa, Florida 33607

813.374.2216 ph 813.234.4510 fax

www.chamberlinpatrick.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ark Angel Transport, 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:

Bradford A. Patrick, Esq.

Name of Person

Chamberlin Patrick, P.A.

Firm/Company

3001 North Rocky Point Drive East, Suite 200

Address

Tampa, FL 33607

City/State and Zip Code

bpatrick@chamberlinpatrick.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradford A. Patrick, Esq.

Name of Person

at (**813**)

374-2216
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:

Ark Angel Transport, 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:

Ark Angel Transport, LLC
3835 Central Avenue
Saint Petersburg, FL 33706

Mailing Address:

Ark Angel Transport, LLC
3835 Central Avenue
Saint Petersburg, FL 33706

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:

Chamberlin Patrick, P.A.

Name

5725 N. Nebraska Ave.

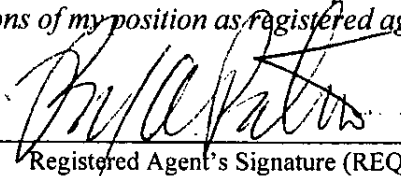
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33604 FL

City, State, and Zip

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09 DEC - 7 PM 1:54
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.



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:

MGRM

Charles R. Scully

3835 Central Avenue

Saint Petersburg, FL 33706

MGRM

Mary Scully

3835 Central Avenue

Saint Petersburg, FL 33706

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/1/2009 (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.)

Bradford A. Patrick, Esq

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)

FILED
09 DEC -7 PM 1:54
CLERK OF STATE
TALLAHASSEE, FLORIDA