

LD9000116529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

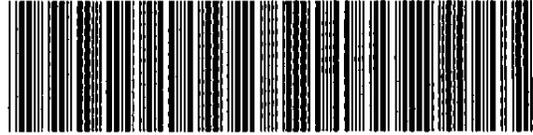
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700162137567

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

EFFECTIVE DATE  
12/11/09

FILED  
09 DEC - 7 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

## 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:**

**Mailing Address:**

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

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)

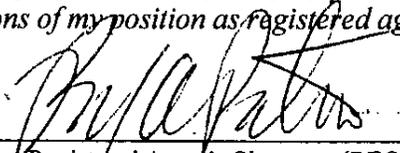
Tampa, FL 33604 FL

City, State, and Zip

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

FILED

*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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

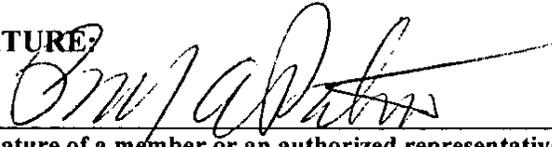
\_\_\_\_\_

\_\_\_\_\_

(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  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA