## 40000037974

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APR - 8 2010

**EXAMINER** 

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10 APR -7 PM 2: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

то:	Registration S Division of C		*	
SUBJEC	CT: ANGEL	A MINTIER, LLC.		
		Name of Limit	ed Liability Company	
The encl	losed Articles of	of Organization and fee(s) are	submitted for filing.	
Please re	eturn all corres	pondence concerning this mat	ter to the following:	
A	ANGELA MIÌ	NTIER		•
-			Name of Person	
		, , , , , , , , , , , , , , , , , , ,	Firm/Company	
1	02 WARWIO	CK HILLS DR	,	
<del></del>			Address	
١	NAPLES/FL :	34113-7439		
		Cit	y/State and Zip Code	
<u> </u>	NGELA@S	WFLREO.COM E-mail address: (to be used to	for future annual report notification)	
For furth	ner information	concerning this matter, please	•	
ANGE	LA MINTIER	<u>.</u>	at ( 239 ) 692-9229	
	Name	of Person	Area Code & Daytime Telep	phone Number
Enclose	d is a check f	or the following amount:		
<b>⊒\$</b> 125.0	0 Filing Fee	<b>2</b> \$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:	
The name of the Li	mited Liability Con	npany is:
ANGELA MINTI		mited Liability Company, "L.L.C.," or "LLC.")
(1910	ist end with the words. Life	named Liaming Company, L.E.C., or LEC. )
ARTICLE II - Ad The mailing addres		of the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
102 WARWICK HILLS D	PR	102 WARWICK HILLS DR
NAPLES, FL 34113-7439		NAPLES, FL 34113-7439
		<del></del>
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration.)	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another s of the registered agent are:
	ANGELA MINTIER	R
		Name
	102 WARWICK H	IILLS DR
	Florida	a street address (P.O. Box NOT acceptable)
	NAPLES	FL 34113-7439
		City, State, and Zip
liability compar registered agent ar statutes relating t	ny at the place design nd agree to act in thi. to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Manag	ging Member	
MGR	ANGELA MINTIER	
	102 WARWICK HILLS DR	· · · · · · · · · · · · · · · · · · ·
	NAPLES, FL 34113-7439	
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(Use attachment if	necessary)	
	• /	2010 . (OPTION)
	• /	2010 (OPTIONA
	te, if other than the date of filing: $4-5-$ d, the date must be specific and cannot be me	2010 (OPTIONA ore than five business day
CLE V: Effective da	te, if other than the date of filing: $4-5-$ d, the date must be specific and cannot be me	2010 . (OPTIONA ore than five business day
CLE V: Effective da ffective date is listed days after the date	te, if other than the date of filing: $4-5-6$ , the date must be specific and cannot be me of filing.)	2010 . (OPTIONA ore than five business day
CLE V: Effective da	te, if other than the date of filing: $4-5-6$ , the date must be specific and cannot be me of filing.)	2010 (OPTIONA ore than five business day
CLE V: Effective da effective date is listed days after the date	te, if other than the date of filing: $4-5-6$ , the date must be specific and cannot be me of filing.)	2010 . (OPTIONA ore than five business day
CLE V: Effective da ffective da ffective date is listed days after the date REQUIRED SIGN	te, if other than the date of filing: $4-5-6$ , the date must be specific and cannot be me of filing.)	
CLE V: Effective da  ffective date is listed  days after the date  REQUIRED SIGN  S	te, if other than the date of filing: 4-5- I, the date must be specific and cannot be me of filing.)  NATURE:  REPUTOR	ive of a member.
CLE V: Effective da  ffective date is listed  days after the date  REQUIRED SIGN  S	te, if other than the date of filing: 4-5-  I, the date must be specific and cannot be me  of filing.)  NATURE:  REATOR  ignature of a inember or an authorized representation accordance with section 608.408(3), Florida Statutes of this document constitutes an affirmation under the period of the	ive of a member.

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)