

L10000101684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

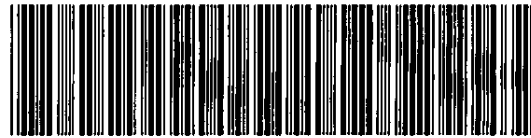
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/10--01029--001 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 29 AM 10:46

N. Cullinan SEP 29 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Touch By Angels, L.L.C
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:

Dorrett Campbell-Gayle, David M. Gayle Sr, Tiffany Gordon
Name of Person

Touch By Angels, L.L.C
Firm/Company

5423 Sealine Blvd.
Address

Greenacres, Florida, 33463
City/State and Zip Code

Touchby.angels@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Gordon at (561) 305-7589
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

TIFFANY GORDON
5423 SEALINE BLVD.
GREENACRES, FL 33463

SUBJECT: TOUCH BY ANGELS, L.L.C.
Ref. Number: W10000043174

We have received your document for TOUCH BY ANGELS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received in our office on 09/13/10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 610A00021845

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Touch By Angels, L.L.C.

(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:

5423 Sealine Blvd.
Greenacres, Florida
33463

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:

Tiffany Gordon

Name

5423 Sealine Blvd.

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

Greenacres FL 33463

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)

(CONTINUED)

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DIVISION OF CORPORATION
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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:

MGR

Tiffany Gordon
4166 Inverarry Dr. 10-112
Lauderhill, Fl. 33319

MGRM

David M. Gayle Sr.
5423 Sealine Blvd.
Greenacres, Fl. 33463

MGRM

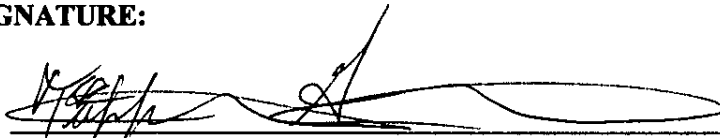
Dorrell Campbell
5423 Sealine Blvd.
Greenacres, Fl. 33463

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Tiffany Gordon
Typed or printed name of signee

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DIVISION OF CORPORATION
10 SEP 29 AM 11:46

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)