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JUL 29 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Angels duto Rescue & Towing, 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:	
Sheldon Hochstedler Name of Person	
Angels Auto Rescue & Towing, LLC	
620 ST. Patrick Drive	
Tallahassee FL 32310	
Shoch 3 @ embargmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	7
Sheldon Hochstedler at 850 567-8800 Name of Person Area Code & Daytime Telephone Number	T
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR PE			
ARTICLE I - Name: The name of the Limited Liability Company is:			
Angels Auto Reso	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	'Mailing Address:		
620 ST. Patrick Drive Tallahassee, FC 32310	Same		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another		
The name and the Florida street address of the re			
<u>Sheldon Hoch</u>	stedler		
620 ST. Patrick Drive Florida street address (P.O. Box NOT acceptable)			
Tallahassee FL 32310			
City, State, and Zip			
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of alwrformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
Registered Agent's Signat	ature (REQUIRED)		
(CONTIN	UED)		

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Tork MGR (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:**

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sheldon Hochstedler
Typed or printed name of sign

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)