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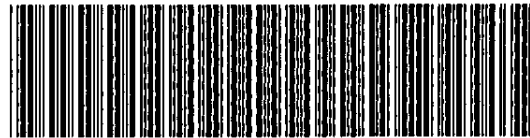
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**LAW OFFICES OF  
J. KELLY KENNEDY**

198 1<sup>st</sup> St S  
Winter Haven, FL 33880-3004



**J. KELLY KENNEDY**

Attorney at Law/Certified Public Accountant  
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**AREAS OF PRACTICE:**

Wills, Estates, Estate Planning,  
Real Property Law, Taxation,  
Corporate, Business and Mortgage Law

**CYNTHIA CROFOOT RIGNANESE**

Attorney at Law  
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**REPLY TO:**

PO Box 7604, Winter Haven, FL 33883-7604  
Tel: (863) 294-1114 Fax: (863) 294-8937  
Toll Free: 888-415-5019

October 6, 2011

State of Florida  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: ANG Home Solutions, LLC

Dear Sirs:

Enclosed herewith for filing are Articles of Organization for the above-captioned corporation. A copy of the Articles of Organization is also enclosed to be certified and returned to the undersigned.

Our firm's check in the amount of \$155.00 is enclosed to cover the following costs:

Filing Fee	\$100.00
Certified Copy	30.00
Registered Agent Form	<u>25.00</u>

**Total \$155.00**

Thank you for your cooperation in this matter.

Sincerely,

  
J. KELLY KENNEDY, ESQUIRE

JKK/elh

Enclosures

xc: ANG Home Solutions, LLC

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
ANG HOME SOLUTIONS, LLC**

**ARTICLE I  
NAME**

The name of this Limited Liability Company shall be **ANG Home Solutions, LLC**.

**ARTICLE II  
DURATION**

This Limited Liability Company shall exist perpetually from the date of filing with the Secretary of State of the State of Florida.

**ARTICLE III  
PURPOSE**

This Limited Liability Company is organized for the purpose of conducting home inspections and such other lawful business in the State of Florida.

**ARTICLE IV  
PLACE OF BUSINESS**

The place of business of this Limited Liability Company shall be at the following street address: 2055 Dixie Drive, Suite 112, Haines City, Florida 33844, and such other place or places as the member(s) from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: 2055 Dixie Drive, Suite 112, Haines City, Florida 33844.

**ARTICLE V  
INITIAL REGISTERED AGENT AND OFFICE**

The initial registered agent of the Limited Liability Company shall be **NATHANIAL A. GRAVES**. The initial registered office address shall be 2055 Dixie Drive, Suite 112, Haines City, in Polk County, Florida 33844.

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**ARTICLE VI**  
**MANAGEMENT**

The Limited Liability Company will be managed by an initial Manager, **NATHANIAL A. GRAVES**. **NATHANIAL A. GRAVES** shall serve as initial Manager until the first organizational meeting of members or until his successor is elected and qualifies. The name and address of the initial Manager is:

**NATHANIAL A. GRAVES**  
2255 Crump Road  
Winter Haven, Florida 33881

**ARTICLE VII**  
**ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: additional members are to be admitted as members of the company only by the unanimous vote of the subscriber(s) and in accordance with applicable law.

**ARTICLE VIII**  
**AMENDMENT OF ARTICLES OF ORGANIZATION**

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Limited Liability Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

**ARTICLE IX**  
**TRANSFERABILITY OF MEMBER'S INTEREST**

An interest of a Member of this Limited Liability Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Limited Liability Company and in accordance with applicable law.

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the party hereto has executed these Articles of Organization on the 5TH day of OCTOBER, 2011.

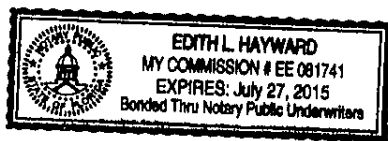
  
**NATHANIAL A. GRAVES, Manager and Member**

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 5TH day of OCTOBER, 2011, by **NATHANIAL A. GRAVES**, who personally appeared before me, who are known to me to be the person who executed the foregoing Articles of Organization and produced FLORIDA DRIVER'S LICENSE as identification or is personally known to me.

(SEAL)



  
Printed Name: EDITH L. HAYWARD  
Notary Public

## REGISTERED AGENT ACCEPTANCE

Having been named as registered agent, to accept service of process for **ANG Home Solutions, LLC**, at the place designated, I hereby accept the appointment as Registered Agent, and state that I am familiar with and accept the duties, obligations and responsibilities as Registered Agent, including those specified in Chapter 608 of the Florida Statutes.

Dated: OCTOBER 5, 2011.


  
**NATHANIAL A. GRAVES, Registered Agent**

### STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 5TH day of OCTOBER, 2011, by **NATHANIAL A. GRAVES**, who personally appeared before me, and produced FLORIDA DRIVER'S LICENSE as identification or is personally known to me.

(SEAL)



  
Printed Name: EDITH L. HAYWARD  
Notary Public

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