L11000141799

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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SECRETARY OF STATE

D. BRUCE

DEC 19 2011

EXAMINER

EFFECTIVE DATE DI/OI/2012

COVER LETTER

TO: Registration of Division of	on Section f Corporations						
SUBJECT: Ange	l Crush LLC						
	Name of Limi	ted Liability Comp	any				
The enclosed Article	es of Organization and fee(s) are	submitted for filin	g.				
Please return all cor	respondence concerning this mat	tter to the following	3:				
Brian Dud	ley	wii 1 a wa w					
		Name of Person					
Angel Cru	ish LLC						
		Firm/Company		44.51	- <u>ì</u>		
180 NE 4	th Ave #306			A	* () - () - () • ()	11 D	
		Address		ii A	Tim Ti	5	****
Delray Bea	nch, FL 33483			95E	Fa Aug	<u>6</u> Р	r
·····		ty/State and Zip Cod	e			골	ָ ֓֞
bdudley1@	gmail.com				STAT		. `
	E-mail address: (to be used	for future annual rep	ort notification)	JA) †1 •	.	
For further informat	ion concerning this matter, pleas	e call:					
Brian Dudley		at (561	665-1321				
Na	me of Person	Area Code	& Daytime Tele	phone Number	_		
Enclosed is a check	k for the following amount:						
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	py	\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations wilding centive Center Corporations				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Angel Crush LLC	
(Must end with the words "Limited Li	ability 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:
180 NE 4th Ave #306	180 NE 4th Ave #306
Delray Beach, FL 33483	Delray Beach, FL 33483
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	
Brian Dudley	
Nar	DEC 16 AHASSE
180 NE 4th Ave #306	
Florida street	address (P.O. Box NOT acceptable)
Delray Beach	FL33483
City,	State, and Zip
Having heen named as registered agent and i	to accept service of process for the above stated limited

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)

ECTIVE DATE DIJOH 2012

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing I	1ember
MGR	Brian Dudley
WIGHT	180 NE 4th Ave #306
	Delray Beach, FL 33483
	Delity Beach, 1 E 00400
 	
	
	sary) other than the date of filing: 01/01/2012 . (OPTIO
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