

✓ 12000060455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2012 MAY -2 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAY -4 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2012

CHASTITY MOYE
4844 BENNINGTON PLACE
ORLANDO, FL 32808

SUBJECT: ANGELS WITH HOPE L.L.C.
Ref. Number: W12000021159

We have received your document for ANGELS WITH HOPE L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 912A00011927

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TALLAHASSEE
FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angels with Hope "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:

Chastity S. Moye
Name of Person

Angels with Hope "L.L.C."
Firm/Company

4844 Bennington Place
Address

Orlando FL 32808
City/State and Zip Code

Chastity moye @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chastity Moye at (407) 595-8791
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angels With Hope "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:

4844 Bennington Place
Orlando FL 32808

Mailing Address:

4844 Bennington Place
Orlando FL 32808

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:

Charity D. Moye
Name

4844 Bennington Place
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32808
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.

Charity D. Moye
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR"

Name and Address:

Chastity D. Moye
1915 Grand Isle Circle
Apt 611B Orlando FL 32810

(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.)

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TALLAHASSEE
FLORIDA

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REQUIRED SIGNATURE:

Chastity D. Moye
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. 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.)

CHASTITY D. MOYE
Typed or printed name of signer

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)