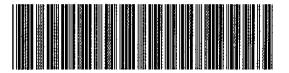
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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05/11/12--01019--027 **130.00

C. LEWIS MAY 1 4 2012 **EXAMINER**

TO: Registration Section	
Division of Corporations	· ·
SUBJECT: Cover Me Angels L.L.C	D
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Tory Klein	
rory ration	Name of Person
Cover Me Angels L.L.C.	Pi vo
	Firm/Company
PO Box 2673	
	Address
AL	
Alachua, Fl 32616	y/State and Zip Code
	y/State and Zip Code
covermeangels@aol.com E-mail address: (to be used to	for future annual report notification)
For further information concerning this matter, please	a call·
For further information concerning this matter, prease	c can.
D'Arcy Paulin	at (352) 519-8098
Name of Person	Area Code & Daytime Telephone Number
<u>.</u> .	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee &}	\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

4:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cover Me Angels L.L.C. (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	pility Company is:
Principal Office Address:	Mailing Address:	
7 40 2 NW 21st Way	PO Box 2673	
Gainesville, FI	Alachua, Fl	
32653	32616	
business entity with an active Florida registration.)	n Registered Agent. You must designate an individu	nal or another
		al or another 12 HAY
business entity with an active Florida registration.) The name and the Florida street address o Tory Klein		FIL 12 MAY II SEGRETAR IALLAHASS
business entity with an active Florida registration.) The name and the Florida street address o Tory Klein	f the registered agent are:	FILED 12 MAY II PM SECRETARY OF IALLAHASSEE,
business entity with an active Florida registration.) The name and the Florida street address o Tory Klein 7402 NW 21s	f the registered agent are:	FILED 12 MAY II PM SECRETARY OF IALLAHASSEE,
business entity with an active Florida registration.) The name and the Florida street address o Tory Klein 7402 NW 21s	of the registered agent are: Name It Way	FIL 12 MAY II SEGRETAR IALLAHASS
business entity with an active Florida registration.) The name and the Florida street address of Tory Klein 7402 NW 21s Florida street address of Florida street address of Tory Klein	Name It Way reet address (P.O. Box NOT acceptable)	FILED 12 MAY II PM SEGRETARY OF IALLAHASSEE,

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Ma The name and address of each Manager	naging Member(s): ager or Managing Member is as fo	ollows: 12 MAY II PH
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETANY OF TALLAHASSEE, F
MGR	Tory Klein	
	7402 NW 21st Way	
	Gainesville, Fl 32653	
MGR	D'Arcy Paulin	
	13820 NW State Rd 235 #10	
	Alachua, Fl 32615	
· · · · · · · · · · · · · · · · · · ·	**************************************	
(Use attachment if necessary) CLE V: Effective date, if other than the		(OPTIONAL)
effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more t	nan five Dusiness days j
REQUIRED SIGNATURE:		
Ja	my D. Klein	
Signature of a mem	ber or an authorized representative of	f a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution der the penalties of perjury that the facts ormation submitted in a document to the pay as provided for in s.817.155, F.S.)	stated herein are true.
Tory Klein		

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)