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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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J. BRYAN

JUN - 5 2012

EXAMINER

COVER LETTER

	egistration Section vision of Corporations	ı				
SUBJECT	. Angels Impo		J. Lillie Co			
		Name of Limite	a Liability Cor	npany		
The enclose	ed Articles of Organizat	ion and fee(s) are s	ubmitted for fi	ling.		
Please retu	n all correspondence co	ncerning this matte	er to the follow	ing:		
		So	nia Ayala	a		
,	· · · · · · · · · · · · · · · · · · ·		Name of Person		7.0	
		Anç	gels Impo	ort LLC	SECRETALL SECRETA	7
			Firm/Company		30 h	רו
		1080 Liv	e Oak Pla	antation Rd	E A	- Fr
	,		Address		105	75
		Tallahas	ssee, FL 3	32312		<i>U</i>
		City	/State and Zip C	ode		
			a@yahoo.d			_
	E-mail a	ddress: (to be used fo	or future annual r	report notification)		
For further	information concerning	this matter, please	call:			
	Sonia Ayala	•	at (850	, 422-0215		
	Name of Person		Area C	ode & Daytime Tele	phone Number	
Enclosed i	s a check for the follo	wing amount:				
\$125.00 Fil	ing Fee \$\frac{1}{\sqrt{1}}\$130.00 Certific	Filing Fee & eate of Status	Certified (ling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat Division P.O. Bo	Address ion Section of Corporations c 6327 see, FL 32314	Registi Divisio Cliftor 2661 I	Courier Address ration Section on of Corporations Building Executive Center Cassee, FL 32301		

ARTICLE I - Name: The name of the Limited Liability Company is: Angels Import LLC (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: Mailing Address: 1080 Live Oak Plantation Rd Tallahassee, FL 32312 Tallahassee, FL 32312

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:

Sonia Ayala

Name

1080 Live Oak Plantation Rd

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32312

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	1.0 E A
"MGRM" = Managing Member	Pic U
MGRM	Name and Address: Sonia Ayala 1080 Live Oak Plantation Rd Tallahassee, FL 32312 Katherine Erazo
	1080 Live Oak Plantation Rd
	Tallahassee, FL 32312
	7,00
MGRM	Katherine Erazo
	1080 Live Oak Plantation Rd
	Tallahassee, FL 32312
	······································
(Use attachment if necessary)	
(Ose attachment if ficeessary)	
CUE V. Effective data if other than th	e date of filing: filing date (OPTIONAL)
CEE V: Effective date, if other than the	e date of fining: (OF HONAL)
	be specific and cannot be more than five business days prior
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
THE CHILD DIGITAL CHOICE	
THE CARLES OF THE CARLES	
	- 10
Son	ia Olyal
Son	ca Olyo per or an authorized representative of a member.
Signature of a memb	per or an authorized representative of a member.
Signature of a memb	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.

Sonia Ayala

Typed or printed name of signee

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)