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12 JUL 10 PM 3: 20

SECRETARY OF STALLOWS

12-3454g

JUL 11 2012 T. HAMPTON

# **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations		
SUBJECT: ANGE	EL ENTERPRISE	, LLC	
		ed Liability Company	
	of Organization and fee(s) are		
Please return all corresp	pondence concerning this matt	ter to the following:	
DONNA	SIRAVO		
		Name of Person	
			_
		Firm/Company	
1301 N. I	RIVERSIDE DRIV	E UNIT #19	
		Address	_
POMPANO	D BEACH, FL 3306	62	
	<del></del>	y/State and Zip Code	_
<u>chow-11@</u> ı		for future annual report notification)	
Car further information		•	
roi turmei information	concerning this matter, please	s can.	
DONNA SIRAVO		at ( 401 ) 487-6625	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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	

#### RECEIVED



12 JUL 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2012

DONNA SIRAVO 1301 N RIVERSIDE DR UNIT 19 POMPANO BEACH, FL 33062

SUBJECT: ANGEL ENTERPRISE, LLC

Ref. Number: W12000034548

We have received your document for ANGEL ENTERPRISE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00017571

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ANGEL ENTERPRISE, LLC	Angel Auto Enterprise, LLC
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1301 N. RIVERSIDE DRIVE UNIT #19 POMPANO BEACH, FL 33062	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
DONNA SIRAVO	
Name	V
1301 N. RIVERSIDE	DRIVE UNIT #19
Florida street add	dress (P.O. Box NOT acceptable)
POMPANO BEACH	<sub>FL</sub> 33062
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as cy. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
(CONTIN	IUED)
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Page 1 of 2

SECRETARY OF STATE

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM" = Managing Member	
MGRM	DONNA SIRAVO
	1301 N. RIVERSIDE DRIVE UNIT #19
	POMPANO BEACH, FL 33062
Use attachment if necessary)	
EV: Effective date, if other than	the date of filing: (OPTIC
ective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business

#### **REQUIRED SIGNATURE:**

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.)

### **DONNA SIRAVO**

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)

SECRETARY OF STATE OF ORATION OF CORPORATION