# 112000122293

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



700239769577

09/24/12--01031--003 \*\*125.00

Screi inty of State Tablahassse, florige

112 557 24 MID: a

T. CLINE

SEP 25 2012

EXAMINER

# **COVER LETTER**

| TO: Registration Section Division of Corporations | •  | . · ·                                   |
|---|--|---|
| SUBJECT: VolAngel Ver                             | Name of Limited Liability Company  | <del> </del>                            |
|   | on and fee(s) are submitted for filing.                                  |   |
| Please return all correspondence con              | cerning this matter to the following:                                    |   |
| Luann C Stewar                                    | t  |   |
|   | Name of Person   |   |
| VolAngel Ventur                                   | es, LLC  |   |
|   | Firm/Company   |   |
| 3009 French Oak                                   | « Avenue   |   |
|   | Address  |   |
| The Villages, FL 32                               | 2163 US  |   |
| ···· · · · · · · · · · · · · · · · · ·            | City/State and Zip Code  |   |
| icstewart2012@gma                                 |  |   |
| E-mail add  | dress: (to be used for future annual report notification)                |   |
| For further information concerning to             | his matter, please call:   |   |
| Luann C Stewart                                   | at ( 865 ) 661-5221  | 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Name of Person                                    | Area Code & Daytime Telephone Num  | lag n                                   |
| Contend in a short for the follow                 | vina amaunt:   |   |
| Enclosed is a check for the follow                |  |   |
| \$125.00 Filing Fee \$130.00 F<br>Certifica       |  | Filing Fee,                             |
| •   | (additional copy is enclosed) Certifie (addition                         | ed Copy<br>al copy is enclosed)         |
| P.O. Box  | on Section Registration Section of Corporations Division of Corporations |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | Т | Ί | C | 1 | Æ | I | - | ľ | ٧s | ı | m | e | : |
|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|
|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|

The name of the Limited Liability Company is:

# VolAngel Ventures, 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:         |
|---------------------------|--------------------------|
| Luann C Stewart           | Luann C Stewart          |
| 3009 French Oak Avenue    | 3009 French Oak Avenue   |
| The Villages El 32163 US  | The Villages Et 32163 US |

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:

| Luann C Stewart |  |       |          |         |
|-----------------|--|-------|----------|---------|
|                 | Name                                   |       | #13P     |         |
| 3009 French     | Oak Avenue                             | 三岛    | 12 8     |         |
| Florida st      | reet address (P.O. Box NOT acceptable) |       | 24       | 2480    |
| The Villages    | <sub>FL</sub> 32163                    | phi — |          | J-resis |
| (               | City, State, and Zip                   |       | <u> </u> |         |

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)

| "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  |
|--|--|
|  |  |
| MGR  | Luann C Stewart  |
|  | 3009 French Oak Avenue   |
|  | The Villages, FL 32163   |
|  |  |
|  |  |
|  |  |
| <del></del>  | - Market Programme Access  |
|  |  |
|  |  |
| · · · · ·  |  |
|  |  |
| (Use attachment if necessary)  |  |
| LE V: Effective date, if other than t  | he date of filing: (OPTIONAL) t be specific and cannot be more than five business days   |
| LE V: Effective date, if other than t  | he date of filing: (OPTIONAL) t be specific and cannot be more than five business days   |
| LE V: Effective date, if other than teffective date is listed, the date must   | the date of filing: (OPTIONAL) the specific and cannot be more than five business days   |
| LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)   | he date of filing: (OPTIONAL) to be specific and cannot be more than five business days  |
| LE V: Effective date, if other than teffective date is listed, the date must   | t be specific and cannot be more than five business days   |
| LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)   | the date of filing:  |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:   | t be specific and cannot be more than five business days  C. Stevant   |
| LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory   | be specific and cannot be more than five business days  C Stewart  aber or an authorized representative of a member.   |
| LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of the content o | be specific and cannot be more than five business days  C Steet The specific and cannot be more than five business days  Solve the specific and cannot be mo |
| LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of the filing of the filing of the date of filing.  | be specific and cannot be more than five business days  be specific and cannot be spe |
| LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of the constitutes an affirmation under the constitutes at the degree fellows.  | be specific and cannot be more than five business days  Compared to the presentative of a member.  Sold of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)   |
| LE V: Effective date, if other than to ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of a memory of a many false information under the constitutes at third degree fellowers.   | be specific and cannot be more than five business days  Compared to the presentative of a member.  Sold of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)   |

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

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)