

L13000014571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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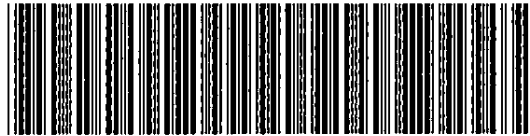
(Business Entity Name)

(Document Number)

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2013 JAN 28 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2013

T CLINE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 512531 4319460

AUTHORIZATION : *Spuddelean*

COST LIMIT : \$ 130.00

ORDER DATE : January 28, 2013

ORDER TIME : 2:38 PM

ORDER NO. : 512531-005

CUSTOMER NO: 4319460

DOMESTIC FILING

NAME: ANGEL SANCTUM, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS:

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angel Sanctum, 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:

c/o Clementina Rittenhouse Brown

851 E Road

Loxahatchee, FL 33470

Mailing Address:

c/o Clementina Rittenhouse Brown

P.O. Box 540

Loxahatchee, FL 33470

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:

Clementina Rittenhouse Brown

Name

851 E Road

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

Loxahatchee

FL 33470

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..

Clementina Rittenhouse Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

Name and Address:

MGR

Clementina Rittenhouse Brown

P.O. Box 540

Loxahatchee, FL 33470

(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.)

REQUIRED SIGNATURE:

Clementina Rittenhouse Brown

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.)

Clementina Rittenhouse Brown

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)

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