

L13000120264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

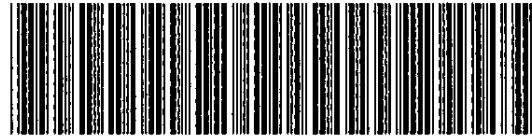
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/12/13--01003--001 **160.00

FILED
2013 AUG 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-45066

EFFECTIVE DATE 08/08/13

AUG 26 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2013

JIMSEY D. BOOKOUT
94 VIVANTE BLVD. #94210
PUNTA GORDA, FL 33950

SUBJECT: ANGELIC HOME SERVICES LLC
Ref. Number: W13000045066

We have received your document for ANGELIC HOME SERVICES LLC and your check(s) totaling \$160.00. 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, 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. 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." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P09000083537 "ANGELIC HOME SERVICES, INC".

Please return 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 113A00019326

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(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Angelic Home Services
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jimsey D. Bookout
Name of Person

Firm/Company

94 Vivante Blvd. #94210
Address

Punta Gorda, FL-33950
City/State and Zip Code

jimseyb@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimsey Bookout at (903) 258-4222
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, 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

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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:

Your Angelic Home Services "LLC"

~~Angelic Home Services "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:

94 Vivante Blvd
94210
Punta Gorda, FL-33950

94 Vivante Blvd
94210
Punta Gorda, FL-33950

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:

Jimsey Bookout
Name

94 Vivante Blvd. #94210
Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda FL 33950
City, State, and Zip

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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..

Jimsey Bookout
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 08/08/13

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

"MGR"

Name and Address:

Jimsey Bookout
94 Vivante Blvd
94210 / Punta Gorda, FL - 33950

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/8/13 (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:

Jimsey Bookout

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.)

Jimsey Bookout

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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