

05/21/2014 12:33

TO:10615383

FROM:5615093

Page

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000118075 3)))



H140001180753ABC.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEGACY TAX, INC.  
Account Number : I20120000069  
Phone : (561) 683-3000  
Fax Number : (561) 965-0938

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arnaldo@ifpfinancial.com

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14 MAY 21 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**

**Angelo's of Palm Beach, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2014 MAY 21 A 6:39

Electronic Filing Menu

Corporate Filing Menu

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B. BOSTICK

MAY 23 2014

EXAMINER

H14000118075 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angelo's of Palm Beach, 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:

340 Royal Poinciana Way, 2C

Palm Beach, FL 33480

340 Royal Poinciana Way, 2C

Palm Beach, FL 33480

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:

Legacy Tax, Inc

Name

1818 South Australian Ave, Suite 202

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

West Palm Beach

FL 33409

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Elizabeth Wheeler6145 Gun Club RdWest Palm Beach, FL 33415AMBRGarvany Guerra3324-B Sierra DriveLake Worth, FL 33461

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Elizabeth Wheeler

Signature of a member or an authorized representative of a member.  
 (In accordance with section 605.0203 (1) (b), 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.)

Elizabeth Wheeler

Typed or printed name of signer

**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)

2014 JUN 21 A 8:39

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850-817-6381

5/20/2014 10:09:08 AM PAGE 1/001 Fax Server



May 20, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGACY TAX, INC.

SUBJECT: ANGELO'S OF PALM BEACH, LLC  
REF: W14000031637

2014 MAY 21 A 0339

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 647049.

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.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H14000118075  
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