

L15000031451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

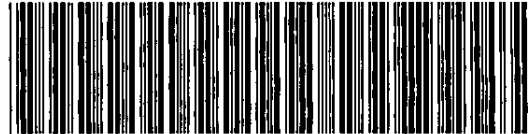
Certified Copies _____ Certificates of Status _____

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2015 FEB 16 PM 2:34
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

FEB 20 2015

J. BRUCH



HEALTHCARE BUSINESS CONSULTANTS, LLC®

February 9, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: ANGAR US LLC
Ref Number: W15000001183
Attn: Ms. Deborah Bruce

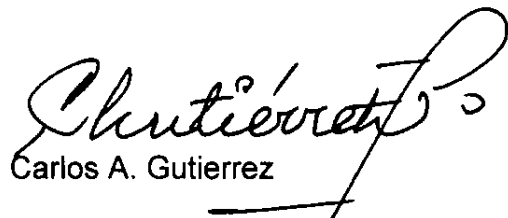
Dear Ms. Bruce:

I am recipient of your letter dated January, 2015. Understanding the terms of the State Law, I want to present my apologies for the time been in responding to you.

The document attached, is showing no date on Article V line, as optional.

I want to thank you in advance for your attention and guidance on this matter.

Respectfully yours,


Carlos A. Gutierrez

Inc. Letter Number 515A00000319

2015 FEB 10 PM 2:34
DIVISION OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2015

CARLOS A. GUTIERREZ
HEALTHCARE BUSINESS CONSULTANTS, LLC
15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446

SUBJECT: ANGAR US LLC
Ref. Number: W15000001183

We have received your document for ANGAR US LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 23, 2014. Please amend your document accordingly.

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: 515A00000319

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2015 FEB 16 PM 2:34
DIVISION OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGAR US LLC
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:

Carlos A. Gutierrez
Name of Person

Health Care Business Consultants, LLC
Firm/Company

15522 Fiorenza Circle
Address

Delray Beach, Florida 33446
City/State and Zip Code

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

For further information concerning this matter, please call:

Carlos A. Gutierrez at (954) 292-6217
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANGAR US 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:

120 LAKEVIEW DRIVE
APT. 118
WESTON, FLORIDA 33326

15522 FIORENZA CIRCLE
DELRAY BEACH FLORIDA 33446

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:

HEALTH CARE BUSINESS CONSULTANTS LLC

Name

15522 FIORENZA CIRCLE

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

DELRAY BEACH

FL 33446

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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CLERK OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Cosimo Eduardo Angelini

120 Lakeview Drive # 118

Weston Florida 33326

AMBR

Olga Lidia Garcia de Angelini

120 Lakeview Drive # 118

Weston, Florida 33326

AMBR

Nicole Stefania Angelini Garcia

120 Lakeview Drive # 118

Weston Florida 33326

AMBR

Ivanna Catherina Angelini Garcia

120 Lakeview Drive # 118

Weston, Florida 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

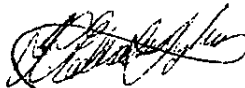
(OPTIONAL)

(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.

Company will be engaged in Consulting and Professional guidance in export/import matters of any
kind of legal medical supplies for clinics and hospitals through the international market.

REQUIRED SIGNATURE:



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.)

Cosimo Eduardo Angelini

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)

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TALLAHASSEE FLORIDA