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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Right Angle Property Management 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:
Long Stengel Name of Person
Right angle Property management
13350 Aswan RD Address
OPA LOCKOL, F1330SY City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lonn Stengel at (954) 357-2343 / 305-687-050 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsup \text{\$125.00 Filing Fee} \text{\$\Bigsup \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \Bigsup \text{\$\$\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed)} \Bigsup \$

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Right Angle Property Manage Must end with the words "Limited Liability Company, "L.L.C.," or	ement, LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	pany is:
Principal Office Address: Mailing Address:	
13350 ASWAIN RD # 101 13350 ASWAI OPA-LOCK, FL	101 ±101
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Lonn Stengel	
Name	
7310 N.W 68th way	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Parkland FL 33067	
City Zip	
Having been named as registered agent and to accept service of process for the above state the place designated in this certificate, I hereby accept the appointment as registered age capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registers. Chapter 605, F.S	ent and agree to act in this r and complete performance
Registered Agent's Signature (REQUIRED)	
(CONTINUED) Page 1 of 2	15 FEB
	TARKET STA

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Ambr	Randy Anglin 7000 NW 1775 F104 Plantation, F133314
Ambr	Jann Stengel 7310 Nw 68th Way Parklam, F1 33067
(Use attachment if necessary)	
ective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must of filing.)	
ective date is listed, the date must of filing.)	
REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
rective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	
rective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree \$ 30.00 Certified Copy (Option	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State in formation submitted in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent
REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree \$125.00 Filing Fee for Articles of the section of the secti	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State in formation submitted in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent

ARTICLE IV-