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COVER LETTER

Division of Corporations
SUBJECT: Rel Bird Angels L/C Name of Limited Hability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dario J. Mesa
Name of Person
Firm/Company
· ·
24824 Permit Way Address
City/State and Zip Code SMesazs G Uchoo. com E-mail address: (to be used for furdre annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 417-6399 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Status Status Certificate of Status Status Status Certificate of Status St
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
24824 Permit Way hand O laws, FL	SAME	<u>-</u>
		_
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registration	wn Registered Agent. You must designate an indi	JE 122
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida register.) The name and the Florida street address of the register.	own Registered Agent. You must designate arrindiation.)	MAR -3 PM
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida register.) The name and the Florida street address of the register.	ered agent are: CSA ame Att WAY	HAR -3 PM

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)

Page 1 of 2

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	DACIO MESA
MOR	24824 Permit LUAY
	hand 0 laug. FL 34639
	Jason Wisilinski
	2922 Angela C+
	TAMA: FL 33610
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V: Effective date, if other than the date of the date is listed, the date must be specified.	of filing: (OPTIONAD) cific and cannot be more than five business days prior to or 90
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