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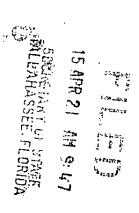




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COVER LETTER

TO: Registration Section

Div	ision of Corporations		
SUDIECT.	ANGEL BROTHERS LLC		
SUBJECT,		ited Liability Company	
The enclosed	d Articles of Organization and fee(s) are	e submitted for filing.	
Please return	n all correspondence concerning this ma	atter to the following:	
-	Leonardo Angel	Name of Dance	
		Name of Person	•
<u>.</u>	Angel Brothers LLC		
		Firm/Company	
	1801 N. Flagler Dr. # 626		
		Address	_
,	West Palm Beach, FL 33407		
	, . C	ity/State and Zip Code	
lemian	gel@yahoo.com	for future annual report notificat	
For further is	nformation concerning this matter, plea	•	ion)
Leonardo A	Angel at (_7	'86 ₎ 2697925	
	Name of Person		ephone Number
Enclosed is a	a check for the following amount:		
□ \$125.00 Fili	ing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. v* (Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons Ser 2 Property of Circle Property of the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Angel Brothers LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1801 N. Flagler Dr. # 626 West Palm Beach FL, 33407	lemiangel@yahoo.com
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	n Registered Agent. You must designate an individual or on.)
_	agon ac.
Leonardo Angel Nam	e
1801 N. Flagler Dr. # 626	
Florida street address (P.O. Bo	x NOT acceptable)
West Palm Beach	FL 33407
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the p	0 '0
Page I of	15 APR 21

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
		
		······································
		
		
		
		
		, , ,
(Use attachment if necessary)		
ective date is listed, the date must be of filing.)	specific and cannot be more than five busines	s days prior to or 90 d
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ur	member or an authorized representative of a 605.0203 (1) (b) (Blorida Statutes) the execution der the penalties of perjury that the facts stated	member. n of this document herein are true.
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false interest of the content of the conte	member of an authorized representative of a 605.0203 (1) (b) filorida Statutes the execution der the penalties of perjury that the facts stated formation submitted in a document to the Depart	member. n of this document herein are true.
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false introduced in the constitutes at third degree fereignees.)	member of an authorized representative of a 605.0203 (1) (b) filorida Statutes the execution der the penalties of perjury that the facts stated formation submitted in a document to the Departion as provided for in s.817.155, F.S.)	member. n of this document herein are true.
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