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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Angi Rosario, 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:
Angela K. Rosario Name of Person
Name of Person
Firm/Company
1213 NE 12 th Ave. Address
Ocala, FL 34470 City/State and Zip Code angir. Scr @ gmail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angi Rosario at 352 282 - 2985 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional copy
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ex 3/1

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angi Rosario, 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:

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:

Mame

1213 NE 12th Ave.

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

Ocala FL 34470

City State 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..

(CONTINUED)

Angela K. Kosario cas
Registered Agent's Signature (REOUIRED)

Page 1 of 2

R" = Authorized Member " = Manager AM tachment if necessary) flective date, if other than the date of filing: late is listed, the date must be specific and cannot.) e inserted in this block does not meet the applicable effective date on the Department of State's records. Other provisions, if any. IRED SIGNATURE:	gela K. Rosario 1213 NE 12th Ame. Xala, FL 34470
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