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SEP 11 2015 T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NORTH ANGLE	ERS DRIVE LLC.	
		
<u></u>		
		Art of Inc. File
	······································	LTD Partnership File
		Foreign Corp. File
		✓L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		✓ Cert. Copy
		Photo Copy
		Certificate of Good Standing
		✓ Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
o.g.,a.a.		Vehicle Search
	<u> </u>	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	Registration Section Division of Corporations			
erib iec	NORTH ANGLERS DRIVE LLC	2.		
SUBJEC		Limited Liabili	ty Company	
The encle	osed Articles of Organization and fcc(s) are submitted	for filing.	
Please re	turn all correspondence concerning this	matter to the f	ollowing:	
	Laurence A. Wanshel, Esquire			
		Name of	Person	
	LAW OFFICE OF LAURENCE A	. Wanshel, I	P.A.	
·		Firm/Co.	npany	
	12485 SW 137 Avenue, Suite 105			
		Addro	288	
	Miami, FL 33186			
	law@lwansbcl.com	City/State and	l Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notificati	on)
or further	information concerning this matter, pl	ease call:	•	,
	Laurence A. Wanshel	305	252-2300)	
	Name of Person	Arca Code	Daytime Telephon	c Number
Enclosed	is a check for the following amount:			
\$125.00 i	Filing Fee & Certificate of Status	Certific	O Filing Fee & Copy Il copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporati Cliston Building 2661 Executive Cento Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	, ·
NORTH ANGLERS DRIVE LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The malling address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7400 SW 50th Terrace, Unit 206	P.O. Box 430871
Miami, FL 33155	South Miami, FL 33243
	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent at	red Agent. You must designate an individual or
Raul Medina, Jr. Name	
Name	
7400 SW 50th Terrace, Unit 2	206
Florida street address (P.O. B	Box NOT acceptable)

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...

FL

State

Miami

City

Registered Agent's Signature (REQUIRED)

33155

Zip

(CONTINUED)

Page 1 of 2

SECENT OF CORPORATIONS

"MGR" = Manager AMBR Raul Medina, Jr. P.O. Box 430871 South Miami, FL 33243 [Use attachment if necessary) E V: Effective date, if other than the date of filing: cive date is listed, the date must be specific and cannot be more than five business days prior to or softling.] the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes I am aware that any fails information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Raul Medins, Jr. Typed or printed name of signee Filing Feex: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title:	Name and Address:
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	"AMBR" - Authorized Member	
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing:		Raul Medina, Jr.
(Use attachment if necessary) E. V. Effective date, if other than the date of filing:		P.O. Box 430871
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		South Miami, FL 33243
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
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EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		V-192-2
EV: Effective date, if other than the date of filing:	(Use attachment if necessary)	
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