

L160000 45779

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
ANGELNUBE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**Angelnube, LLC****ARTICLE II – Address:**

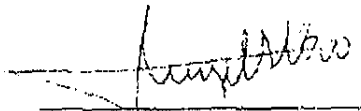
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:11251 NW 20th Street Suite 119
Miami, FL 33172**Mailing Address:**11251 NW 20th Street Suite 119
Miami, FL 33172**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered replace agent are replaced:

Angel Ameijeiras
11251 NW 20th Street, Suite 119
Miami, FL 33172

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

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

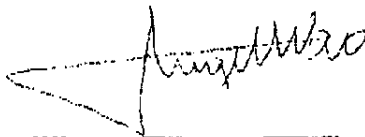
MGR

ANGEL AMEIJERAS

MGR

MARIA LUCILA SARMIENTO

REQUIRED SIGNATURE:



Signature of a member or an authorized
representative of a member.

(In accordance with section 605.0203(1)(b), Florida
Statutes, the execution of this document constitutes an
affirmation under the penalties of perjury that the facts
stated herein are true.)

ANGEL AMEIJERAS

Typed or printed name of signee

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