## Lle0000le55leZ

(Red	questor's Name)	
(Address)		
(Address)		
(City	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILING CANCELLED RETURNED CHECK

03/28/16--01004--011 \*\*130.00

SECHETARY OF STATE

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MAR 2 8 2016 S. PRATHER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	ANGELS HOUSE CLEANING SERVICES				
SUDJE	Name of Limited Liability Company				
The enci	osed Articles of Organization and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:				
	LYNETTE ANGELL				
	Name of Person				
	ANGELS HOUSE CLEANING SERVICES				
	Firm/Company				
	1011 PADDOCK CLUB DRIVE				
	Address				
	PANAMA CITY BEACH, FL 32407				
	City/State and Zip Code lynetteangell87@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For furthe	r information concerning this matter, please call:				
	Lynette Angell 479 203-8137				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	d is a check for the following amount:				
<b>]</b> \$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \  \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \end{align*}				
	Mailing Address Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	FILING CANCELLED
The name of the Limited Liability Company is:	RETURNED CHECK
ANGELS HOUSE CLEANING SERVICES LLC	
(Must end with the words "Limited Liability Co	
ARTICLE II - Address: The mailing address and street address of the principal office of the 1	Limited Liability Company is:
Principal Office Address:	Mailing Address:
1011 Paddock Club Drive	1011 Paddock Club Drive
Panama City Beach, FL 32407	Panama City Beach, FL 32407
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
	· <del></del>
The name and the Florida street address of the registered agent are:  Lynette Angell  Name  1011 Paddock Club Drive	
The name and the Florida street address of the registered agent are:  Lynette Angell  Name	NOT acceptable)
The name and the Florida street address of the registered agent are:  Lynette Angell  Name  1011 Paddock Club Drive	NOT acceptable)
The name and the Florida street address of the registered agent are:  Lynette Angell  Name  1011 Paddock Club Drive  Florida street address (P.O. Box	NOT acceptable)  Zip

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	FILING CANCELLED			
"AMBR" = Authorized Member		RETURNED CHECK			
"MGR" = Manager Owner	Lynette Angell	RETURNED CHECK			
	1011 Paddock Club Drive Panama City Beach, FL 32407				
	•				
Charles - Total Constitution of the Constituti					
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date of fill fan effective date is listed, the date must be specifithe date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of S	c and cannot be more than five the applicable statutory filing re	business days prior to or 90 days after			
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:	T argell	<u> </u>			
This document is executed i	er or an authorized representa n accordance with section 605.0 ormation submitted in a docume	203 (1) (b), Florida Statutes.			
	ony as provided for in s.817.155				
Lynette Angell					

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE