

From:

L16000150550

08/11 2016 10:38:16 #001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000197831 3)))



H160001978313ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCRISIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 AUG 11 PM 12:42

TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
RICHARD ANGLE & ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

TJK
8/12/16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG 11 AM 10:00

2016

From:

08/11/2016 10:37

#368 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Richard Angley & Associates, 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:

601 Palmiro Circle

Nokomis, FL 34275

601 Palmiro Circle

Nokomis, FL 34275

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:

Richard Angley

Name

601 Palmiro Circle

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

Nokomis

FL

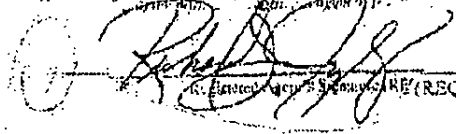
34275

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 AUG 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

From:

08/11/2016 10:37

#368 P.003/003

ARTICLE IV-

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

Title:	Name and Address:
AMBR = Authorized Member	Richard Angley 601 Palmiro Circle Nokomis, FL 34275
MGR = Manager	
AMBR	

(Use attachment if necessary)

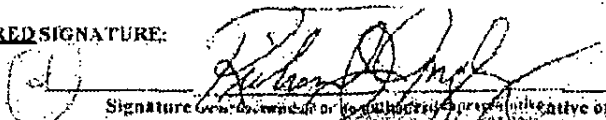
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of the member or its authorized representative of a member:
This document is executed in accordance with § 603.0203 (1)(b), Florida Statutes.
I am aware that any false information submitted to the Department of State
constitutes a third degree felony as provided for in § 817.155, F.S.

Richard Angley
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)

FILED
 16 AUG 11 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA