

L116 000226 648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

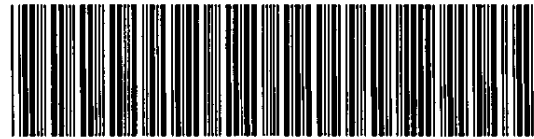
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

DEC 15 2016



000293034680

12/15/16--01014--007 **125.00

16 DEC 15 PM 12:16
RECEIVED
FILING OFFICE
12/15/2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2016

LAURA D. ESCOBAR
7084 NW 50TH ST
MIAMI, FL 33166

SUBJECT: ANGELUS WELL-BEING SERVICES
Ref. Number: W16000076423

We have received your document for , however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Florida Department of State for \$70.00. ~~\$70.00~~ \$125.

ANGELUS WELL-BEING SERVICES, LLC

*I did send a check
for \$125 initially, I have
attached
another one.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 216A00024208

*This letter was dated 11/10, but the envelope I
received it in, was stamped on 11/27/16.*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGELUS WELL-BEING SERVICES

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:

LAURA D. ESCOBAR

Name of Person

ANGELUS WELL-BEING SERVICES

Firm/Company

7084 NW 50TH ST

Address

MIAMI, FL 33166

City/State and Zip Code

LESCO005@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA D. ESCOBAR

786

3567379

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANGELUS WELL-BEING SERVICES, 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:

7084 NW 50TH ST
MIAMI, FL 33166

Mailing Address:

7084 NW 50TH ST
MIAMI, FL 33166

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:

LAURA D. ESCOBAR

Name

7084 NW 50TH ST

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

MIAMI

FL

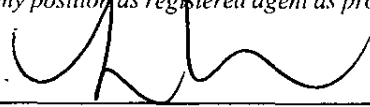
33166

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LAURA D. ESCOBAR

7084 NW 50TH ST

MIAMI, FL 33166

(Use attachment if necessary)

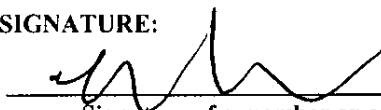
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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 false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

LAURA D. ESCOBAR

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)