## L17000005580

(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Business Littly N	ame,
(Document Number	er)
Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	
	:

Office Use Only



100293935591

01/09/17--01036--001 \*\*125.00

17 JAN -9 PH 1:40
SELIN LARGE CH STATE
SELIN LARGE CH STATE

01/10/17

## **COVER LETTER** -

TO:	Registration Sec Division of Corp			
SUBJE	ст: Але	el Home C Name of Limit	Construction, LL ted Liability Company	LC
The enc	closed Articles of (	Organization and fee(s) are	submitted for filing.	
Please r	eturn all correspor	dence concerning this mat	ter to the following:	
-	Ango	ulino Var	gas De La Ro	sa /
	Ang	el Home	Construction Firm/Company	LLC
	98.	34 Arno	ID RD.	
	Joc	Ksonville	Address FL 322	46
_	Mac	Kbbc1 © E-mail address: (to be used	ty/State and Zip Code  9 mail, com  to future annual report notification)	
For furt		ncerning this matter, pleas		
_ <u>A.</u>	ngel Va	rgas Person	at ( 904) 303 Area Code & Daytime Telep	hone Number
Enclos	ed is a check for	the following amount:		
<b>J\$</b> 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Angel Home Construction, 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:
9834 Arnold Rd. 9834 Arnold Rd.
Jacksonville, FL Jacksonville, FL 32246
33376
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:
Angelino Vargas
9834 Arnold Rd.
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32246 City, State, and 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 608, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED)  Page 1 of 2  Page 1 of 2

REQUIRED SIGNATURE:    Angeling Java   Signature of a member or an authorized representative of a member.    In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)    Angeling Java Java Java Java Java Java Java Jav	Title: "MGR" = Manager "MGRM" = Managing Member	
CLE V: Effective date, if other than the date of filing:	MGR	Angelino Vargas 9834 Arnold Rd. Jacksonville, FL 32246
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  Angulino Vargas  Typed or printed name of signee		
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  Angeline Vargas  Typed or printed name of signee	CLE V: Effective date, if other the	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  Angeline Vargas  Typed or printed name of signee	CLE V: Effective date, if other the effective date is listed, the date me days after the date of filing.)	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
	CLE V: Effective date, if other the effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	CLE V: Effective date, if other the effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a secondary of the entire of the ent	member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
of Registered Agent	CLE V: Effective date, if other the effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Angle	member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)  Typed or printed name of signee
\$ 30.00 Certified Copy (Optional)	CLE V: Effective date, if other the effective date is listed, the date model of days after the date of filing.)  REQUIRED SIGNATURE:  Angle Signature of a model of the constitutes an affirmation I am aware that any false constitutes a third degree of the constitutes and the constitutes and the constitutes and the constitutes and the constitutes are the constitutes are the constitutes and the constitutes are the constitutes	member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)  Typed or printed name of signee