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.

(((H170001046123)))



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

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)220-1440

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO. SWEET ANGELS PROPERTIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON APR 17 2017 Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Sweet properties, LLC of Doc # LO7 0000 17 471 are the same owners of the attached articles of LLC. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

Maria claver

H17000104812

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

TAX ID: 20-5829019

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

sweet angels Properties, uc

ARTICLE II - Address:

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

3265 NW 14 Terr

Miami FL 33125

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Maria clavero 3265 NW 14 Terr

Miami FL 33125

ARTICLE IV-

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

Maria Clavero (AMBR)

#17000104612

Sequired Signatures:
AV = AV
Cin (//w.112)
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. 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.

Typed or printed name of signee

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)

17 APR 17 Mill 52