

5/9/2019

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From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: suzette.mignott13@gmail.com

FLORIDA LIMITED LIABILITY CO.
Angel Hands Companionship LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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J. FASON
MAY 10 2019



COVER LETTER

May 6, 2019

To: New Filing Section
Division of Corporation

Subject: Angel Hands Companionship LLC
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:

Kalpesh J. Patel, Esq.
FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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SECRETARY OF STATE
TALLAHASSEE, FL

Articles Of Organization
For
Angel Hands Companionship LLC
A
Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: Angel Hands Companionship LLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 13902 Snowy Plover Lane, Riverview, FL 33579.

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Suzette A. Mignott
13902 Snowy Plover Lane
Riverview, FL 33579

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..

SMignott (sign)

(CONTINUED)

ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	<u>Suzette A. Mignott</u> 13902 Snowy Plover Lane Riverview, FL 33579

ARTICLE IV:

The Effective date shall be the date of filing.

Suzette A. Mignott (sign)

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.

Suzette A. Mignott
 Authorized Representative/Member