

# L1900027591

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To:

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

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**FLORIDA LIMITED LIABILITY CO.  
ANGAB PARTS LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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9/17/2019 11:46:39 AM PAGE 1/001 Fax Server



September 17, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS CORPORATE FILING SERVICE

SUBJECT: ANGAB PARTS LLC  
REF: W19000084124

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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

Marti Simmons  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H19000276556  
Letter Number: 119A00019205

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FAX No.

P.003

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September 17, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS CORPORATE FILING SERVICE

SUBJECT: ANGAB PARTS LLC  
REF: W19000084059

We have received your document for ANGAB PARTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H19000276556  
Letter Number: 119A00019176

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ANGAB PARTS LLC

(Must contain 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:10341 NW 89TH TER  
DORAL, FL 33178Mailing Address:10341 NW 89TH TER  
DORAL, FL 33178

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

VENANZIO PACELLA

Name

10341 NW 89TH TERFlorida street address (P.O. Box NOT acceptable)DORALFL33178

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

MGRM

**Name and Address:**

VENANZIO PACELLA

10341 NW 89TH TER

DORAL, FL 33178

MGRM

SANDRO PACELLA

10341 NW 89TH TER

DORAL, FL 33178

MGRM

ANA GABRIELLA PACELLA

10341 NW 89TH TER

DORAL, FL 33178

(Use attachment if necessary)

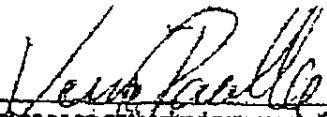
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

VENANZIO PACELLA

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)