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Certified Copies	Certificate	s of Status
Special Instructions to I	Elling Officer:	
Special Instructions to Filing Officer:		

Office Use Only

M19000099253

T. SCOTT

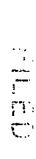


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November 21, 2019

DEBORAH S. BRADFORD SURALIS 11135 CORLETT ROAD RIVERVIEW, FL 33578

SUBJECT: ANGEL'S TOUCH LLC Ref. Number: W19000099253

We have received your document for ANGEL'S TOUCH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L19000045156-ANGEL TOUCH LLC.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Letter Number: 919A00023259

Tyrone Scott
Regulatory Specialist II
New Filings Section

COVER LETTER

	w Filing Section vision of Corporations	
outh there	Anad's	Touch Farm LLC
SUBJECT:	\	ed Liability Company
The enclose	d Articles of Organization and fee(s) are s	ubmitted for filing.
Please retur	n all correspondence concerning this matte	er to the following:
	Deborah	s. Bradford Suralis
		Name of Person
		Firm/Company
	11135 Corlett	Road
		Address
	RIVERVIEW,	ft 33578
	City	y/State and Zip Code
-	Suralis 4 a ac	or future annual report notification)
	oformation concerning this matter, please of	
seborah	S Bradford Suralis at (9 Name of Person Are	513, 677-9282
·	Name of Person Are	a Code Daytime Telephone Number
	a check for the following amount:	\$155.00 Filing Fee & \$160.00 Filing Fee.
\$125.00 Fi	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	Mailing Address New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	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:	
Angel's Touch	Farm ILC
(Must contain the words "Amited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
3324 CR 252	11135 Corlett Rd
Wellborn, FL 32094	RIVERVIEW, FL 33578
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Deborah S. Brack Name	Aford Suralis NOT acceptable) Zip
place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	opproper and complete performance of my duties, and I d agent as provided for in Chapter 605, F.S S Signature (RHQUIRED)

ARTICLE IV-

. . . .

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Deborah S Bradford Suralis
	Riverview FL 33578
AMBR	Theodore W Suralis
AMBR	Riverview, FL 33578 Laura Alvarez 835 Wild wood Dr.
	Bartow, FL 33830
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in acc	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. nion submitted in a document to the Department of State as provided for in s.817.155, F.S.
	S Bradford Suralis

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)