

L20000113530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

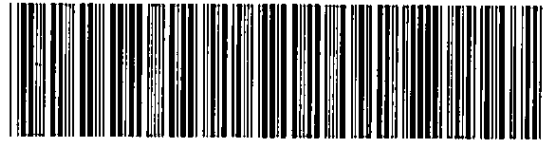
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/09/20--01002---004 **\$0.00

03/18/20--01014---001 **100.00

FILED
MAR 13 PM 4:36
FALLS CHURCH, VA
FALLS CHURCH, VA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Angelsite Metaphysical Shop, 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:

DEBBIE DERO

Name of Person

Angelsite Metaphysical Shop, LLC

Firm/Company

825 Cinnamon Rd,

Address

North Palm Bch, FL 33408

City/State and Zip Code

deero3@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBBIE DERO at (561) 174-4461
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angelsite Metaphysical Shop, 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:

825 Cinnamon Road
North Palm Bch, FL
33408

Mailing Address:

825 Cinnamon Road
North Palm Bch, FL
33408

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:

DEBBIE ALERO
Name
825 Cinnamon Road
Florida street address (P.O. Box **NOT** acceptable)
NPB FL 33408
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.

Debbie Alero
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

AMBR

Name and Address:

DEBBIE DERO

825 Cinnamon Road
NPB, FL 33408

(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:

Debbie Dero

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.

DEBBIE DERO

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)

FILED
MAR 13 AM 4:38
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

11:45

Inquire By Deposit Number

04/29/20

DEP Page 0004/0018

Deposit Number	: 04/09/20 01002 004	Deposit Amount	: 60.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: OBRUCE
Requester	:		

Tracking Number	: 400342759964	DOC Page	0001/0001
Ledger Date	: 04/09/20	Document Number	: 400342759964
Document Requester	:	Sub Account Number	:

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CERT	CERTIFICATION	35.00
CF	ALL CORP FILING FEES	25.00