Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323)962-8600

Fax Number : (323)962-3889

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

Email Address:

Email Address:

FLORIDA LIMITED LIABILITY CO.

Angler's Air LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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MARGATE AUTO FARTS

PAGE 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Angler's	Air LLC		
-	(Must conatin the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Add	iress:		
The mailing address	and street address of the principal	office of the Limited L	Liability Company is:
	Principal Office Address:		Mailing Address:
1381 NY	V 62nd Way		
Maynata	Florida 33063		
ARTICLE III - Re	gistered Agent, Registered Office		
ARTICLE III - Req The Limited Liabili mother business em	gistered Agent, Registered Office ty Company cannot serve as its ow tity with an active Florida registrati orida street address of the registere	n Registered Agent. Y on.) ed agent are:	
ARTICLE III - Req The Limited Liabili mother business em	gistered Agent, Registered Office ity Company cannot serve as its ow tity with an active Florida registrati	n Registered Agent. Y on.) ed agent are:	
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ARTICLE III - Req The Limited Liabili mother business em	gistered Agent, Registered Office ty Company cannot serve as its ow tity with an active Florida registrati orida street address of the registere Scott Charles Sivert	n Registered Agent. Y ion.) ed agent are: Sen Name	ou must designate an individual o
ARTICLE III - Req The Limited Liabili mother business em	gistered Agent, Registered Office ty Company cannot serve as its ow tity with an active Florida registrati orida street address of the registere Scott Charles Sivert	n Registered Agent. Y ion.) d agent are: sen Name	ou must designate an individual o

Having been named as registered ugent 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)

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MARGATE AUTO FARTS

PAGE 03

Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Scott Charles Sivertsen 1381 NW 62nd Way Margate, Florida 33063
AMBR	Daniel Robert Leon 1381 NW 62nd Way Margate, Florida 33063
AMBR	Britiey Ann Sivertsen 1381 NW 62nd Way Margate, Florida 33063
(Use attachment if necessary)	
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart	e date of filing:
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not

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)