

L21000027694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK UP



WAIT



MAIL

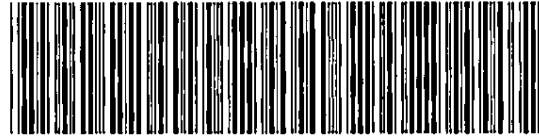
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2021 JAN 29 PM 3:00

SECRETARY OF STATE
ALBUQUERQUE, NM

②

2021 JAN 29 PM 2:42

FILED

1/29/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Swept Away By Angels 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:

Fredricka Mitchell
Name of Person

Firm/Company

2654 Vista Rise Apt D
Address

Tallahassee, FL 32304
City/State and Zip Code

drekapubii11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fredricka Mitchell at (850) 405-2604
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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 JAN 29 PM 3:00

Swept Away By Angels, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2059 Vista Rise Apt D
Tallahassee FL 32304

2059 Vista Rise
Apt D Tallahassee
FL 32304

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:

Fredricka Mitchell
Name

2059 Vista Rise

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32304
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..

[Signature]
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

MGR =

AMBR =

Name and Address:

Fredricka Mitchell, 2059 Vista
Rise Apt D, Tallahassee FL
32304

Ephraim Godwin JR, 2059
Vista Rise Apt D Tallahassee FL

(Use attachment if necessary)

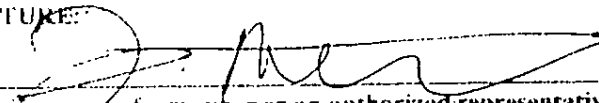
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

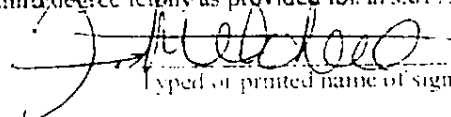
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

 Fredricka Mitchell
Typed or printed name of signee

Filing Fees:

§ 125.006(1)(a) Florida Statutes - Articles of Organization and Designation of Registered Agent

RECEIVED
TALLAHASSEE, FL
STATE

2021 JAN 29 PM 3:00