

L21000345241

(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



800368875548

07/30/21 --01002--019 \*\*125.00

\*\*\*125.00

07/30/21 --01002--020 \*\*30.00

\*\*\*30.00

2021 JUL 29 PM 4:51

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 JUL 29 PM 4:51

2021 JUL 29 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1 Angle Ventures LLC  
(Business Name)

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy of ARTICLES OF ORGANIZATION

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ CORP

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Angle Ventures, 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:

Douglas J. Milne

\_\_\_\_\_  
Name of Person

Milne and Buckingham

\_\_\_\_\_  
Firm/Company

1912 Hamilton St # 203

\_\_\_\_\_  
Address

Jacksonville, FL 32210

\_\_\_\_\_  
City/State and Zip Code

Doug@milnecorpjax.com

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

For further information concerning this matter, please call:

Douglas Milne

904

387.5400

at ( )

\_\_\_\_\_  
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

2021 JUL 29 PM 12:16

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angle Ventures, 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:

1912 Hamilton St # 293  
Jacksonville, FL 32210

Mailing Address:

1912 Hamilton St #203  
Jacksonville, FL 32210

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:

Douglas J. Milne

Name

1912 Hamilton St #203

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

Jacksonville

FL

32210

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..*

DJ Milne

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

**Name and Address:**

MGR

Pankaj Kumar  
4600 Mundy Dr  
Jacksonville, FL 32207

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

The purpose of this company is to own and operate personal and real properties, including restaurants, as well as all other lawful forms of business

**REQUIRED SIGNATURE:**

Marie M. Wells

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.

Marie Wells, auth. rep

Typed or printed name of signer

**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)

2021 JUL 29 PM 12:16

FILED

STATE OF FLORIDA