# L21000513106

(F	Requestor's Name)
(/	Address)
	Address)
((	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
3)	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer
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2021 DEC -6 PH 3: 20

SECRETORY OF STATE

4 1. /4/5

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

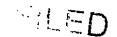
Angels in White LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	An, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рһою Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Tin	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## COVER LETTER

	New Flling So Division of Co					
SHRIF	Angels in	White, LLC				
30000	···	Na	mc of Li	mited Liab	ility Company	
The encl	osed Articles o	f Organization and	fec(s) a	re submitte	d for filing.	
Please re	turn all correst	ondence concerni	ig this m	atter to the	following:	
	Helens Pine	eiro				
				Name o	f Person	
				P: 10		
				FirnVC	ompany	
	13501 SW 1	36th Street Suite	201			
				Λđd	ress	
	Miami FL 3	3186				
	angelsinwhite	ellc@gmail.com	(	City/State a	ıd Zip Code	
			be used	for future	annual report notificat	ion)
For further	information co	ncerning this mate	er, please	call:		
	Helens Pinci	ro		36	431-7070	
	Nan	e of Person		rea Code	Daytime Telephon	e Number
Enclosed i	is a check for t	he following amou	nt:			
□\$125.00	0 Filing Fee	□\$130.00 Filin Certificate of St		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Cl\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	-	g Address			Street Address New Filing Section Di	ulcian
	Divisio	iling Section on of Corporations ox 6327			The Centre of Tallaha 2415 N. Monroe Stree	ssee

Tallahassee, FL 32303

Tallahassee, FL 32314



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 DEC -6 AM 9: 59

SECRETARY OF STATE TALLAMASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angels In White, LLC (Must conta	in the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")	
ICLE II - Address:	danna a Calan and a Santa a S	The section of the first	T C. Difference on the	
nailing address and street ad	uress or the principal off	ice of the familied	Liability Company is:	
<u> Principa</u>	l Office Address:		Mailing Address:	
13501 SW 136th Stree	et Suite 201	1350	01 SW 136th Street Suite 201	
Miami FL 33186			Miami, FL 33186	
CLE III - Registered Agei	cannot serve as its own Retive Florida registration.	Registered Ager legistered Agent. '		
CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own R tive Florida registration. Idiess of the registered a	Registered Ager legistered Agent. '	nt's Signature:	
CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration.  Idiess of the registered a	Registered Ager legistered Agent. '	nt's Signature:	
CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration.  Idiess of the registered a	Registered Ager legistered Agent. ' ) gent are:	nt's Signature:	
CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration.  Idicss of the registered a  Helens Pineiro	Registered Ager (egistered Agent. ') gent are: Name Suite 201	nt's Signature: You must designate an individ	
CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration.  Idicss of the registered a  Helens Pineiro	Registered Ager (egistered Agent. ') gent are: Name Suite 201	nt's Signature: You must designate an individ	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Managing Member	Helens Pinciro 103 Marina Avenue Kev Largo, FL 33037	
Managing Member	Roxana Lidice Conrado Barreras  9 SE Marlin Avenue  Key Largo, FL 33037	
Managing Member	Hernan Suen Rodriguez  9 SE Marlin Avenue  Kev Largo, FL 33037	DEC -6 A
Managing Member	Michael Javier Ferrer 103 Marina Avenue Key Largo, FL 33037	AM 9: 59 OF STATE SEE, FL
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	date of filing: November 11, 2021 (OP) e specific and cannot be more than five business days not meet the applicable statutory filing requirements, then tof State's records.	s prior to or 90 days after
ARTICLE VI: Other provisions, if any.  Any and all lawful business		

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.

Helens Pineiro 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)