

W220000387301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

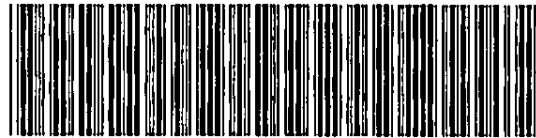
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22000079836

Office Use Only



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05/17/22--01005--004 \*\*150.00

2022-05-15 PM 12:09



2022 JUL -6 AM 10:30

SECTION  
RECEIVED  
JUL 6 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2022

VALERIE WILLIAMS  
2121 BISCAYNE BLVD 1383  
MIAMI, FL 33137

SUBJECT: ANGEL BOSS PRETTY THANGS LLC  
Ref. Number: W22000079836

We have received your document for ANGEL BOSS PRETTY THANGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

*Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.*

*If you have any questions concerning the filing of your document, please call (850) 245-6052.*

Karen Lovelace  
Regulatory Specialist II

Letter Number: 722A00013257

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Angel Boss Pretty Thangs LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALERIE WILLIAMS

Name of Person

Angel Boss Pretty Thangs LLC

Firm/Company

2121 BISCAYNE BLVD 1383

Address

MIAMI FLORIDA 33137

City/State and Zip Code

angelbossllc@gmail.com

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

For further information concerning this matter, please call:

VALERIE WILLIAMS

786

300-1581

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angel Boss Pretty Thangs 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:

2121 BISCAYNE BLVD 1383  
MIAMI FLORIDA 33137

Mailing Address:

2121 BISCAYNE BLVD 1383  
MIAMI FLORIDA 33137

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:

VALERIE WILLIAMS

Name

2121 BISCAYNE BLVD 1383

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

MIAMI

FLORIDA

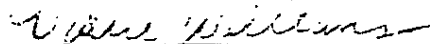
33137

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.*



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

Mr. ZR

**Name and Address:**

Wendie Williams  
2215 S. 4th Ave. #101  
Fort Lauderdale, FL 33307

(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]  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0207 (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.

Wendie Williams  
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)