# La3000120833

(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	
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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 5887-78 / 4313323 COST LIMIT : \$ 125.00 ORDER DATE: March 15, 2023 ORDER TIME : 1:27 PM ORDER NO. : 588778-005 CUSTOMER NO: 4313323 DOMESTIC FILING NAME: ANGUS ACQUISITIONS LLC EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

### **COVER LETTER**

	New Filing Section Division of Corpor	ations			
CLID IEC"	r.	Angus	Acquisitions	LLC	
SUBJEC	1:	Name of I	imited Liabil	ity Company	
The enclo	sed Articles of Org	anization and fee(s)	are submitted	for filing.	
Please ret	urn all corresponde	nce concerning this	matter to the	following:	
			Charles M. I	LeSchack	
			Name of	Person	
		CUMM	MINGS & LO	CKWOOD LLC	
			Firm/Co	mpany	
		Six I	Landmark Squ	are, 9th Floor	
			Addr	ess	
			Stamford, (	T 06901	
			City/State an cleschack@c		
	E-ma	il address: (to be us		nnual report notificat	 ion)
For further	information concert	ning this matter, ple	ase call:		
	Charles M. LeSch	ack	203	351-4418	
	Name of	,	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the fo	Howing amount:			
□\$125.00		\$130.00 Filing Fee entificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ac New Filing Division of P.O. Box 6. Tallahassee	Section Corporations 327		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	uisitions LLC Must conatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	_	
ARTICLE II - Address an	is: d street address of the principal o	ffice of the Limited	Liability Company is:		
	Principal Office Address:		Mailing Address:		
2700 River	view Drive	2700	Riverview Drive	ω ~	
	34115	Nine	E1 44110		
(The Limited Liability	ered Agent, Registered Office,	& Registered Agent.	You must designate an individual or	2023 MAR 15 A	
ARTICLE III - Regiss (The Limited Liability another business entity	ered Agent, Registered Office, Company cannot serve as its own	& Registered Agent. Sen.)	it's Signature: You must designate an individual or	15	
ARTICLE III - Regiss (The Limited Liability another business entity	ered Agent, Registered Office, Company cannot serve as its own with an active Florida registratio da street address of the registered	& Registered Agent. Sen.)	at's Signature: You must designate an individual or	15 M	
ARTICLE III - Regiss (The Limited Liability another business entity	ered Agent, Registered Office, Company cannot serve as its own with an active Florida registratio da street address of the registered	& Registered Agent. Sen.) I agent are: Name	at's Signature: You must designate an individual or	15 M	-
ARTICLE III - Regiss (The Limited Liability another business entity	ered Agent, Registered Office, Company cannot serve as its own with an active Florida registratio da street address of the registered William Matthew Ca	& Registered Agent. Son.) I agent are: In Name	at's Signature: You must designate an individual or	15 M	Sales Sa
ARTICLE III - Regiss (The Limited Liability another business entity	ered Agent, Registered Office, Company cannot serve as its own with an active Florida registratio da street address of the registered William Matthew Ca	& Registered Agent. Son.) I agent are: In Name	at's Signature: You must designate an individual or	15 M	

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..

William Matthew Cain

By Aldran (aux)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR\_ William Matthew Cain 2700 Riverview Drive Naples, FL 34112 (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.

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.

William Matthew Cain
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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)