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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Angels Unlimited, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid	
Please return all correspondence concerning this matter to the following:	
Lori Long Name of Person	
Angels Unlimited, LLC Firm/Company	
1478 Riverplace Blvd. Uni+ 1704 Address	
Jacksonville, FL 32267 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{\$155.00 Filing Fee & Certified Copy} \ \ \ \text{\$160.00 Filing Fee, Certified Copy} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability (Duration: Year limited liability company will cease to exist or "perpetual") egistration da (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 78 Riverdace Blvd. Unit 1704 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 1478 Riverplace Blvd., Unit 1704, Jacksonville, F. 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: to purchase, sell 4 rvices on designs for the home and also Dersonal services, cleaning Commercial businesse Signature of a member or an authorized representative of a member. (In accordance with section 608.408(7), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Angels Unlimited, LLC	
J	
If unavailable, the alternate to be used in the state of Florida is:	
Gracious Living by Lon, LLC	
J	
2. The name and the Florida street address of the registered agent and office are:	TAL SE
	59 8 1
Lori Lona	99 NOV 30
(Name)	SSE P
1478 Riverplace Blvd., Unit 1704 Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE
Jacksonville FL 32207 City/State/Zip	P

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ANGELS UNLIMITED, LLC LC0600913

was created under the laws of this State on the 26th day of July, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 28th day of October, 2009

olin Camahan

Secretary of State

