

# ME000003832

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 1104320030E3  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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Foreign Limited Liability Company  
ANGEL513, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2018 APR 19 PM 2:36

RECEIVED

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF  
FLORIDA:*

**1. Name of Foreign Limited Liability Company:**

ANGEL513, LLC

**2. Jurisdiction under the law of which foreign limited liability company is organized:**

Delaware

**3. FEI number, if applicable:**

Applied for

**4. Date first transacted business in Florida, if prior to registration:**

**5. Street Address of Principal Office:**

c/o CBIZ & Mayer Hoffman McCann CPAs, 1065 Avenue of the Americas, 11th Floor, New  
York, New York 10018

**6. Mailing Address:**

c/o CBIZ & Mayer Hoffman McCann CPAs, 1065 Avenue of the Americas, 11th Floor, New  
York, New York 10018

**7. Name and street address of Florida registered agent:**

Name: eResidentAgent, Inc.

Office Address: 236 E 6th Ave., Tallahassee, FL 32303

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my  
duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name and Address:

MARCO MUNIZ

c/o CBIZ & Mayer Hoffman McCann CPAs

1065 Avenue of the Americas, 11th Floor

New York, New York 10018

Title or Capacity: Manager

9. Attached is a 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.

10. 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.



\_\_\_\_\_  
Signature of an authorized person

\_\_\_\_\_  
Erika A. Easter  
Name of signee

2018 APR 19 1:52

FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANGEL513, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANGEL513, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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SR# 20182119023

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, Secretary of State" is printed in a small font.

Authentication: 202372396

Date: 03-22-18

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