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CLEATIANY OF STAFF

D. BRUCE

MAY 11 2010

EXAMINER



April 30, 2010

CASWELL H. SALMON 6940 NW 45TH COURT LAUDERHILL, FL 33319

SUBJECT: V & C RENTAL PROPERTIES, LLC

Ref. Number: W10000021092

We have received your document for V & C RENTAL PROPERTIES, LLC and check(s) totaling \$160.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 010A00010825

65

COVER LETTER

	Registration Section Division of Corporations	•
SUBJEC	T: 1/9 C RENTAL PA	ROPERTIES: LLC.
		Limited Liability Company
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.
Please ret	urn all correspondence concerning this	matter to the following:
<u>ا</u> ۔۔	CASWELL SACMON	\checkmark
		Name of Person
		Firm/Company
	(941) NI UK Car	m7
	6940 NW 45 Cou	Address
	/ M	
	CHUDER HILL	City/State and Zip Code
	Case Pica linea Oholla	evalle not
	CaswellSalmon ObellSe E-mail address: (to be t	used for future annual report notification)
For furthe	r information concerning this matter, p	please call:
CASI	IPI CALMON)	21.0511 \ 1194 \ 1569
LAIDU	Name of Person	at (959) 494. 1669 Area Code & Daytime Telephone Number
Enclosed	is a check for the following amoun	· .
□\$125.00	Filing Fee \$\square\$	
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability (Company is:
V & C RENTAL PROP	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10301 NW 36 STREET CORAL SPRINGS FLORI DA 33065	6940 NW 45 COURT CAUDERHICC FLORIDA 33319
	Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ion.)
The name and the Florida street add	ress of the registered agent are:
Hagen	Name Control of the registered agent are: Control of the registered agent
	onthe had
Flo	orida street address (P.O. Box NOT acceptable)

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, F.S..

Ft Liderd. (e FL)??/2
City, State, and Zip

Registered Agent's Signature REQUIRED

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
Managing Men	<u>mber</u>	ICASWELL SALMON 6943 N.W. 45 COURT CAUDERHILL, FLORIDA 33319
		
(Use attachment	t if necessary)	•
LE V: Effective ffective date is li days after the d	e date, if other than isted, the date mu date of filing.)	the date of filing: (OPTIONA set be specific and cannot be more than five business day
LE V: Effective ffective date is li	e date, if other than isted, the date mudate of filing.) IGNATURE:	ist be specific and cannot be more than five business day
LE V: Effective ffective date is li days after the d	e date, if other than isted, the date mudate of filing.) IGNATURE: Signature of a me (In accordance with of this document of that the facts state	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury and herein are true.) Coptional

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)