## U05000005169

Karen Van Wyk (Requestor's Name)
(Requestor's Name) \\ \( \sum{\lambda} \text{Van WYK Hunts, UC} \)
119 Pine lane
Davin part, PL 33837 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  MH FLUC CUS
Office Use Only



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02/14/03--01056--004 \*\*130.00

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January 23, 2003

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Van Wyk Hunts, LLC

LLC Registration

Dear Sir or Madam:

Enclosed please find the following documents relating to the above-referenced limited liability company registration: 1) signed Articles of Organization; and 2) check for \$130.00 to cover Filing Fee, Designation of Registered Agent, and Certificate of Status.

Contact information is as follows:

Karen F. van Wyk (Manager-Member/Registered Agent) Van Wyk Hunts, LLC 119 Pine Lane Davenport, FL 33837

Day telephone: 863-422-0526

Please do not hesitate to contact me if you have any questions whatsoever regarding the enclosed Articles of Organization.

Very truly yours,

Karen F. van Wyk

## The name of the Limited Liability Company is: Van Wyk Hunts, LLC **ARTICLE I - Name:** ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: MAILING: P.O. Box 1688 DAVENPORT, FL 83836 STREET: 119 PINE LANE DAVENPORT, FL 33837 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: KARENTVAN WYK 119 PINE LANE DAVENPORT, FL 33837 The name and the Florida street address of the registered agent are: Yine Lane Florida street address (P.O. Box NOT acceptable) )aven por City, State, and 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 an 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 602 F.S Registered Agent's Signature (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, 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 Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY