

W4000061890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

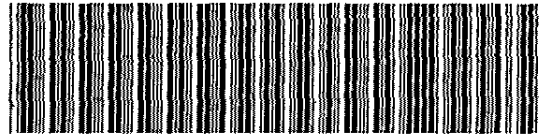
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400040281104

08/20/04--01007--003 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:19

FILED

W4-61890
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LNIV PROPERTIES LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN VEHAR
(Name of Person)

LNIV PROPERTIES LLC
(Firm/Company)

6143 RIVIERA LANE
(Address)

NEW PORT RICHEY, FL 34655
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN VEHAR at (727) 372-0620
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 19 PM 2:19

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LN V PROPERTIES LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6143 RIVIERA LANE
NEW PORT RICHEY, FL
34655

Mailing Address:

6143 RIVIERA LANE
NEW PORT RICHEY, FL
34655

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KEVIN VEHAR
Name

6143 RIVIERA LANE
Florida street address (P.O. Box **NOT** acceptable)

NEW PORT RICHEY FLORIDA 34655
City, State, and Zip

04 AUG 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

KEVIN VEHAR
16143 RIVIERA LANE
NEW PORT RICHY, FL 39655

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kevin Vehar
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.)

KEVIN VEHAR

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:19

FILED