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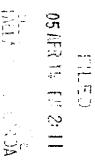
1	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dushiess Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	_ _
Special Instructions to Filing Officer:	
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Office Use Only



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04/14/05-01042-001 **125.00



T. Brumbley APR 1 5 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VAN DER ME (Name of I	Limited Liability Company)	
The enclosed Articles of Organization and fee() are submitted for filing.	
Please return all correspondence concerning this	his matter to the following:	
LEN VA	(Name of Person)	
VANDERA	(Firm/Company)	
10923	GREENAIRE DR. (Address)	
TAMPA	(City/State and Zin Code)	
For further information concerning this matter,	(c), 2:	
LEW VAN DER MEULEN (Name of Person)	at (813) 205-3514 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	ent:	
\$125.00 Filing Fee S130.00 Filing For Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

A

FOR FLORIDA LIMITED LIABILITY COMPANY
mpany is:
J, L.L.C.
s of the principal office of the Limited Liability Company is:
Mailing Address:
TAMPA FL 33624
Registered Office, & Registered Agent's Signature:
ss of the registered agent are:
Name GREENAIRE DR.
la street address (P.O. Box NOT acceptable)
nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I amfamiliar with and on as registered agent as provided for in Chapter 608, F.S
28
ered Agent's Signature CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing No. The name and address of each Manager or Manager o	
Title: Na "MGR" = Manager "MGRM" = Managing Member	me and Address:
M6R	LEN VAN DER MENLEN 10923 GREENAIRE AR TAMB, EL 33624
(Use attachment if necessary) NOTE: An additional article must be add	ed if an effective date is requested.
REQUIRED SIGNATURE:	•
(In accordance with section 608 of this document constitutes and that the facts stated herein are	authorized representative of a member. 408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.)
Filing Fees: \$125.00 Filing Fee for Articles of Organization of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	and Designation