

L05000079140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

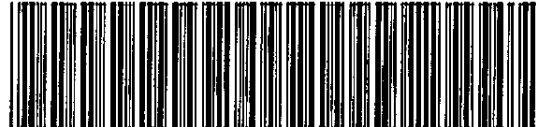
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

05 AUG -8 AM 11:51

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VOLLAND 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:

CANDICE BRAINARD  
(Name of Person)

VOLLAND PROPERTIES  
(Firm/Company)

P.O.B. 562  
(Address)

ASTOR FL 32102  
(City/State and Zip Code)

For further information concerning this matter, please call:

CANDICE BRAINARD at (352) 759-2820  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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

05 AUG - 8 AM 11:51  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VOLLAND PROPERTIES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

56312 ACORN RD  
ASTOR FL 32102

**Mailing Address:**

POB 562  
ASTOR FL 32102

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

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

CANDICE BRAINARD

Name

56312 ACORN RD

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

ASTOR FL 32102

City, State, and Zip

05 AUG -8 AM 11:51  
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*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..*

Candice Brainard

Registered Agent's Signature

(CONTINUED)

**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

MGR

MGRM

**Name and Address:**

CANDICE BRAINARD

POB 562

ASTOR FL 32102

TRACY L. BRAINARD

POB 1202

DELEON SP FL 32130

(Use attachment if necessary)

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

*See page 3  
attachment*

**REQUIRED SIGNATURE:**

Candice Brainard

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.)

CANDICE BRAINARD

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

SECRET  
TALLAHASSEE, FLORIDA

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FILED

Attachment #1

Effective date  
8/4/2005

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SECURITY  
TALLAHASSEE, FLORIDA