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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan JUL 10 2006

*Robert Vail Enterprizes
6100 Walton St.
Pensacola, FL 32503
(850)476-9365*

June 21, 2006

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

To Whom it May Concern:

Please be advised that this letter is accompanying my application for Articles of Organization for my business.

My name is Robert B. Vail. My address is 6100 Walton St., Pensacola, FL 32503. My daytime telephone number is (850)476-9365.

Sincerely,

A handwritten signature in black ink, appearing to read "R. B. Vail", with a stylized flourish at the end.

Robert B. Vail

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT VAIL ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

6100 WALTON STREET
PENSACOLA, FLORIDA
32503

Mailing Address:

6100 WALTON STREET
PENSACOLA, FLORIDA
32503

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

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

ROBERT BRUCE VAIL

Name

6100 WALTON STREET

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

PENSACOLA FLORIDA 32503

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

MGR.

ROBERT BAUCE VAIL
6100 WALTON STREET
PENSACOLA, FLORIDA 32503

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

ROBERT B. VAIL
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)

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