

LS/000021902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

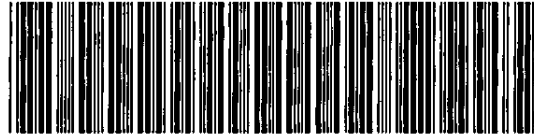
(Document Number)

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

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\$125.00

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11/20/06--01061--009 \*\*\$7.50

02/26/07--01002--001 \*\*37.50

606-51331

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
07 FEB 26 PM 1:34



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2006

LES G HALL  
633 INGRAHAM AVE  
HAINES CITY, FL 33844

SUBJECT: VAN BUREN PLACE, LLC  
Ref. Number: W06000051331

We have received your document for VAN BUREN PLACE, LLC and check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$37.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Document Specialist

Letter Number: 806A00068255

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Van Buren Place, 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:

Les Hall  
(Name of Person)

Van Buren Place  
(Firm/Company)

633 Ingraham Avenue  
(Address)

Haines City, Florida 33844  
(City/State and Zip Code)

For further information concerning this matter, please call:

Les Hall at 863-557-9510  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$170.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

Les Hall  
(Name of Person)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Van Buren Place LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

633 Ingraham Ave.  
Haines City, FL 33844

#### Mailing Address:

Same...

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Les Hall  
Name

633 Ingraham Ave  
Florida street address (P.O. Box NOT acceptable)  
Haines City, FL 33844  
City, State, and Zip

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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..*

Leslie D. Hall  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

Les Hall  
6 Robyn Lane  
Haines City, FL 33844

MGRM

Jayne Hall  
6 Robyn Lane  
Haines City, FL 33844

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

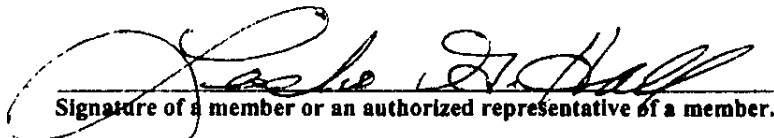
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

LES HALL

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)**