

LO7000029850

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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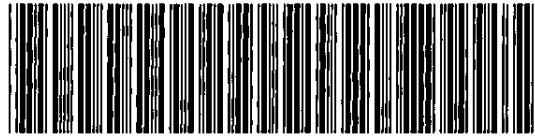
(Business Entity Name)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 810900 7279384

AUTHORIZATION :

*Susie Knight*

COST LIMIT : \$ 155.00

FILED  
07 MAR 20 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 20, 2007

ORDER TIME : 11:42 AM

ORDER NO. : 810900-005

CUSTOMER NO: 7279384

DOMESTIC FILING

NAME: VON LANGEN, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
VON LANGEN, LLC**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE 1 -- NAME**

The name of the Limited Liability Company is: **VON LANGEN, LLC.**

**ARTICLE 2 -- ADDRESS**

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

Principal Office Address: 1 Main Street  
Suite 206  
Tequesta, FL 33469

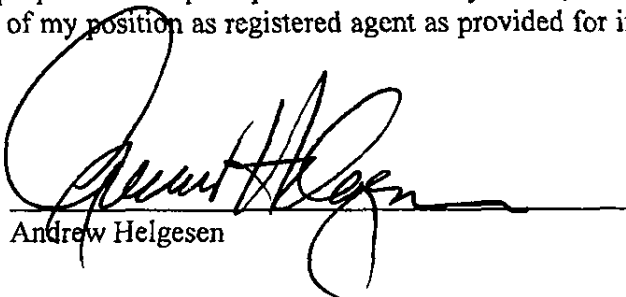
Mailing Address: 1 Main Street  
Suite 206  
Tequesta, FL 33469

**ARTICLE 3 -- REGISTERED AGENT, REGISTERED OFFICE, AND  
REGISTERED AGENT'S SIGNATURE**

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

Andrew Helgesen, Esq.  
11380 Prosperity Farms Road, Suite 201  
Palm Beach Gardens, FL 33410

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.

  
Andrew Helgesen

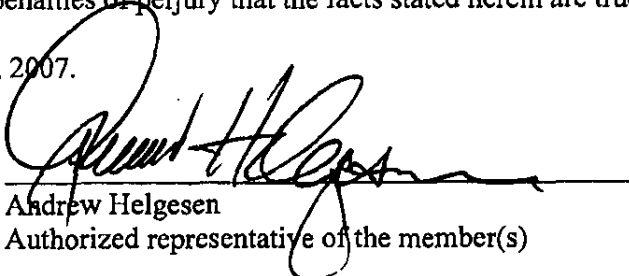
ARTICLE 4- MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager:	Cliff Von Langen 1 Main Street, Suite 206 Tequesta, FL 33469

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.

Dated this 20 day of March, 2007.

  
\_\_\_\_\_  
Andrew Helgesen  
Authorized representative of the member(s)