# L07000054188

(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

# **COVER LETTER**

TO:	Registration Se Division of Co				
SUBJ	ECT: VP II	I, * LLC	II. 122 O		
		(Name of Limited	d Liability Company)		
The en	nclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	oondence concerning this matte	er to the following:		
	James R.				_ <del>_</del>
		(1	Name of Person)		
	Slagle, B	ernard & Gorman, P.	c.		
	•	(	Firm/Company)		o DIV
	4600 Madi	son, Suite 600			7 HA
			(Address)		2
	Kansas Ci	ty, Missouri 64112	2021		CORI
	- National Of		/State and Zip Code)		
For fu	rther information	concerning this matter, please	call:		OT HAY 21 PH 2: 52
Jame	es R. Muell (Name	er e of Person)	at ( <u>816</u> ) <u>410~463</u> ; (Area Code & Daytime To		
Enclo	sed is a check for	or the following amount:			
\$12	5.00 Filing Fee	X \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VP III, 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 i	s:

Princip	oai Ui	fice A	ldar	ess:

**ARTICLE I - Name:** 

Mailing	Address:

Summerfield, FL 34491	10935 S.E. 177th	Place #305	_
	Summerfield, FL	34491	_

The name of the Limited Liability Company is:

10935	S.	Ε.	177th	Place	#305	
Summer	fi	eld	, FL	34491		

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:

Name

10935 S.E. 177th Place #305

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

Summerfield FL 34491

City, State, and Zip

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..

First American International, Inc.

By: , Glenn Lane, President
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:

"MGR" = Manager "MGRM" = Manager	
MGRM	Reintjes Holdings, LLC
	2400 W. 59th Street
	Shawnee Mission, Kansas 66208
MGRM	Glenn Lane
	10935 S.E. 177th Place #305 Summerfield, FL 34491
	te, if other than the date of filing: (OPTION d, the date must be specific and cannot be more than five business d
LE V: Effective dat	te, if other than the date of filing: (OPTION d), the date must be specific and cannot be more than five business de of filing.)
LE V: Effective date ffective date is listed days after the date	te, if other than the date of filing: (OPTION d), the date must be specific and cannot be more than five business de of filing.)
LE V: Effective data ffective date is listed days after the date REQUIRED SIGN	te, if other than the date of filing: (OPTION d), the date must be specific and cannot be more than five business de of filing.)
LE V: Effective dar ffective date is listed days after the date REQUIRED SIGN	te, if other than the date of filing: (OPTION d., the date must be specific and cannot be more than five business de of filing.)  NATURE:

## 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)