

L07000063241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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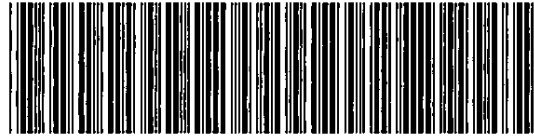
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V.A.N. INVESTMENT GROUP 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:

LARRY M. STEVENS

(Name of Person)

(Firm/Company)

6789 HATTERAS DRIVE

(Address)

LAKE WORTH . FL . 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY M. STEVENS

(Name of Person)

at (901) 254-3920

(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) ☐ \$160.00 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

V.A.N. INVESTMENT GROUP 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:

V.A.N. INVESTMENT GRP LLC
6789 HATTERAS DR.
LAKE WORTH FL. 33467

Mailing Address:

V.A.N. INVESTMENT GRP LLC
6789 HATTERAS DR.
LAKE WORTH FL. 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent 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.)

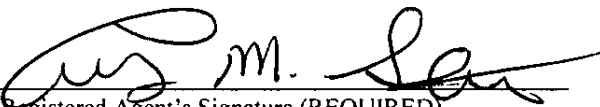
The name and the Florida street address of the registered agent are:

LARRY M. STEVENS
Name

6789 HATTERAS DR.
Florida street address (P.O. Box **NOT** acceptable)

LAKE WORTH FL 33467
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

LARRY M. STEVENS

6789 HATTERAS DR.

LAKE WORTH . FL. 33467

MGRM

LOUIS MEYERS

6783 HATTERAS DR.

LAKE WORTH . FL. 33467

MGRM

DONALD SIEKER

7783 CEDAR HURST CT

LAKE WORTH . FL. 33467

MGRM

LANE SNOW HEIN

14494 PEACE RIVER WA

PALM BCH GARDENS . FL. 33467

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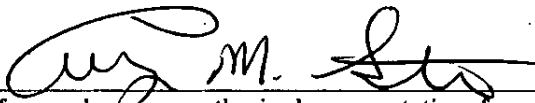
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(Use attachment if necessary)

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.)

LARRY M. STEVENS

Typed or printed name of signer

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)

(ATTACHMENT as need)

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follow:

Title:

Name and Address:

MGRM

Kathelein Ambridge
7307 Shell Ridge Terrace
Lake Worth, FL 33467

MGRM

Andrea K. Stevens
6789 Hatteras Drive
Lake Worth, FL 33467

MGRM

Lisa Meyers
6783 Hatteras Drive
Lake Worth, FL 33467

MGRM

Barbara Sieker
7783 Cedar Hurst Court
Lake Worth, FL 33467

MGRM

Jack Ambridge
7307 Shell Ridge Terrace
Lake Worth, FL 33467

MGRM

Christopher Ambridge
7307 Shell Ridge Terrace
Lake Worth, FL 33467

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Regarding the website, please list the following (5) MGRM's on your website:

Larry M. Stevens, Louis Meyers, Donald Sieker, Laurie Snow Hein, Kathlein Ambridge.