## L07000107013

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fining Officer.

Office Use Only



600110454106

18/17/07--01043--007 \*\*125.00

FILED

07 OCT 23 AM 8: 50

SECRETARY OF STATE
TALL BHASSEE, FLORIDA

## COVER LETTER

Division of Corporations	
SUBJECT: VNA L.L.C.	
(Name of I	imited Liability Company)
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	
MICHAEL A. STEWART	
	(Name of Person)
VNA L. L. C.	
	(Firm/Company)
3910SW 43RD AVE	
	(Address)
WEST PARK, FL 33023	<del>-</del>
	(City/State and Zip Code)
For further information concerning this matter, p	olease call:
MICHAEL STEWART	at ( 954 ) 987-0301
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee Certificate of Statu	
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building



October 18, 2007

MICHAEL A. STEWART 3910 SW 43RD AVENUE WEST PARK, FL 33023

SUBJECT: VNA L.L.C.

Ref. Number: W07000051709

We have received your document for VNA L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 807A00061366

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
VNA of WEST A	APK L. L. C d Listellity Company, "LLC," or "LLC,"	-
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
2010 SW 43RD AVE WEST PARK, FL 33023	3010 SW 13RD AVE WEST PARK, FL 33021	
(The Limited Liability Company cannot serve as its own business courty with an active Florida registration.)	stered Office, & Registered Agent's Signa n Registered Agent. You must designate an individual or a	ture: SECH
The name and the Plorida street address of MICHAEL	Stewart -	FIL CT 23 AHASS
2900 SW	Marie 4520 AVE	ED R 8: (OF SI EE, FLO
WEST YAR	ect address (P.O. Box <u>NOT</u> socceptable)  State, and Zip	ATE ORIDA

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 fix registered agent as provided for in Chapter 608. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MQR	MICHAEL STEWART
	3910 SW 43RD AVE
	WEST PARK, FL 39023
MGRM	JEWLETH STEWART
<del></del>	3910 8W 43RD AVE
	WEST PARK, FL 23023
	=
(Use attachment if necessary)	
(Use attainmente it newssary)	
LEV: Effective date, if other than th	te date of filing: (OPTIONAL)
Rective date is listed, the date must	be specific and cannot be more than five business days p
days after the date of filing.)	
REQUIRED SIGNATURE:	al Harta A
REQUIRED SIGNATURE:	elstwat
Michael	CAMUA A per or an authorized representative of a member.
Signature of a messit	per or an authorized representative of a member.  ection 608,408(3), Florida Statutes, the execution stitutes an affirmation under the populatics of perjury

Pline 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)

MICHAEL STEWART

Page 2 of 2

Typed or primed name of signee

OT OCT 23 AM 8: 50
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA