## L0800064409

,	
(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:	
	ĺ



800130066248

05/27/08--01030--014 \*\*70.00

Vollmer Video LC LO8-64409

06/23/08--01044--001 \*\*55.00

FILED
FILED
AUX -2 PM 1: 22

MELAHASSEE, FLORIDA

N. CAUSSEAUX

JUL **2** 2008

**EXAMINER** 

789/167/304/622 you completed the form bor an on-line LhC, this form is not acceptable

1. 18-2638

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vollmer Video, 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:
Vernon (Trey) Vollmer (Name of Person)
Vollmer Video LLC
(Firm/Company)
12384 (lea-Lagoon Trail (Address)
Jackson ville, FL 32246 (City/State and Zip Code)
For further information concerning this matter, please call:
Trey Vollmer at (904) 716-7113  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2008

VERNON VINCENT VILLMER III 12384 CLEAR LAGOON TRAIL JACKSONVILLE, FL 32246

SUBJECT: VOLLME VIDEO CO. Ref. Number: W08000026138



We have received your document for VOLLMENVIDEO CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 808A00033483

00 % NB C2 ND 80

6.20.08 7/alerie, Lave enclosed a check of to cover the balance. want to incorporate, I want to file treyvollmer@gmail.com



June 27, 2008

VOLLMER VIDEO LLC, ATTN: TREY VOLLMER 12384 CLEAR LAGOON TRAIL JACKSONVILLE, FL 32246

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

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

The form submitted is a printed version of the "ON-LINE FILING FOR LLC" this is not acceptable.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

Letter Number: 308A00038442

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
(Must end with the words "Limited Liabil	Video LLC	•
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability	Company is
Principal Office Address:	Mailing Address:	
12384 Clear Laguon Trait Jax FL 32246	SAME	<del>-</del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	egistered agent are:	
Vernoh (Tr.	ey) Vollmer	<b>33</b>
12384 Clear	Laguer Trail  Iress (P.O. Box NOT acceptable)	FILE II -2
	FL 3 2246	PH  : 22
Having been named as registered agent and to a liability company at the place designated in the		tated limited

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 3 gnature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM" = Managing Member	Vernor (Trey) Vollmer 12384 Clear Lagor To Tacksorville, FE
<u></u>	32246
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business d
	st be specific and cannot be more than five business d
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)  REQUIRED SIGNATURE:	

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)

Typed or printed name of signee