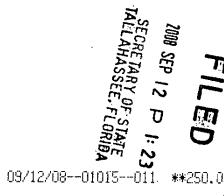
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
SEP 15.2008
EXAMINER

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COVER LETTER

10:	Division of Co			
SUBJI	ECT: VAN	JGUARD IN	UESTING 500 ted Liability Company)	LUTIONS, LLC
		(Name of Limit	icu Etability Company)	
The en	closed Articles of	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	tter to the following:	
	ISABE	CLE MATH	on	
			(Name of Person)	-1
				SEC
			(Firm/Company)	一
	611) NARTEDOI	\ (0.10T	EP 12 P
	64	8 DAVILOUT	(Address)	THE TOP TO
	~ ~	0.001/ ==		1: 2
	DE	BARY FL	327/3	
		(C)	ty/State and Zip Code)	
For fu	ther information	concerning this matter, pleas	e call:	
T	SABELLE	MATHON	at (407) 484-2 (Area Code & Daytime Tele	.85 <i>6</i>
	(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	sed is a check fo	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VANGUARD INVESTIM (Must end with the words "Limited Liability	Company, "L.L.C.," 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:					
648 DARTFORD COURT DEBARY FL 32713	2578 ENTERPRISE ROAD SUITE 166 ORANGECTTY, FL 32763					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another					
The name and the Florida street address of the re						
	YI II I II I I I I I I I I I I I I I I					
DEBARY	ess (P.O. Box NOT acceptable)					
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	d Zip ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.					

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JSABELLE MATHON 648 DARTFORD COURT DEBARY FL 327/3
MGRM	PATRICK CLEOPHAT 648 DARTFORD COURT DEBARY, FL 327/3
· · · · · · · · · · · · · · · · · · ·	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{09/05/2008}{2008}$. (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.)

TSABELLE MATHON

Typed or printed name of signee

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)