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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Daywood North )
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellips Office
Special Instructions to Filing Officer:
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# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: VOLLMERCG, LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
KEN VOLLMER		
	(Name of Person)	
4704.0	(Firm/Company)	
1734 Open Field Loop	(Address)	
Brandon FL	33510	
	(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:	
KEN VOLLMER	at ( 904 ) 568-4765	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	:	
\$125.00 Filing Fee Certificate of Status		
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

VOLLMERCG, LLC			
(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:		
KEN VOLLMER 1734 Open Field Loop Brandon, FL 33510	KEN VOLLMER 1734 Open Field Loop Brandon, FL. 33510		
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:  KEN VOLLMER  Name  1734 Open Field Loop			
1734 Open Field Loop			
Brandon,	FL 33510		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nd Zip accept service of process for the above stated limited his certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		

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:

<b>Title:</b> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	KEN VOLLMER  1734 Open Field Loop  Brandon, FL 33510

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2009. (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.)

## KEN VOLLMER

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)