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D. BRUCE

MAR 18 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VENDVE PRO	PERTIES, LLC
	nited Liability Company)
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	-
WARREN SCHO	ENFISCH
	(Name of Person)
	(Firm/Company)
278 ROSEHILL TALLAHASSEE	Di2.
	(Address)
TALLAHASSEE	FL 32312
(0	City/State and Zip Code)
For further information concerning this matter, ple	ase call
WARREN SCHOENFISCH	at (850) 894-1749 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daynme 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 & S160.00 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The mailing address and street address of the pre- Principal Office Address:	Mailing Address:
278 ROSEHILL DR E	5AM &
TALLA, Fr 323/2	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	
278 ROSEH	VILL DA STAFF
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)  FL 32312
City, State, a	nd Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	WARREN SCHOENFISCH 278 ROSEHILL DZ E
	278 ROSEHILL DZ E
101 O 0 01	TALLA FC 32312
MGRM	JOHN C. WILLIAMS
•	3659 HOMESTEAD RD
·	
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•	
(Use attachment if necessary)	
(Use attachment if necessary)	12 th mg
LE V: Effective date, if other than th	the date of filing: MARCH 12 200 (OPTIONAL)
LE V: Effective date, if other than the ffective date is listed, the date must	the date of filing: MARCH 12 200. (OPTIONAL)  be specific and cannot be more than five business day
LE V: Effective date, if other than th	the date of filing: MARCH 12 200. (OPTIONAL) be specific and cannot be more than five business day
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	the date of filing: MARCH 12 200. (OPTIONAL) be specific and cannot be more than five business day
LE V: Effective date, if other than the ffective date is listed, the date must	the date of filing: MARCH 12 200 (OPTIONAL be specific and cannot be more than five business day
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LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	be specific and cannot be more than five business day  ALCONOMICS
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	be specific and cannot be more than five business day  ALCRIAN  Der or an authorized representative of a members of the execution follows:  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjure of the statutes of perjure of the execution of th

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)