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SLORE TARY CT STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR - 8 2009

EXAMINER

COVER LETTER

	Corporations		00
SUBJECT: Van	guard Land, L (Name of Lin	LC	OS APR OS THE STATE OF
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	spondence concerning this m	natter to the following:	985
J	John R.	Peshkin	
		(Name of Person)	X
		(Firm/Company)	
7350	Point of P	Rocks Road	
Savas	ota, FL	34242	
	((City/State and Zip Code)	
For further information	n concerning this matter, plea	ase call:	
John R.	Reshkin ne of Person)	at (<u>941</u>) <u>349</u> (Area Code & Daytime Tele	3907 ephone Number)
Far losed is a check t	for the following amount:		
_	-	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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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: John R. Eshkin 7350 Point of Bocks Road Florida street address (P.O. Box NOT acceptable) Savasota FL 34242 City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

"MGRM" = Managing Member MGR	John R. PeshkiN
	John R. Feshkin 7350 fount of Rocks Read Savasota, FL 34242
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	e date of filing: (OPTIONAL) we specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a membe	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)

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)