

LD9000051715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

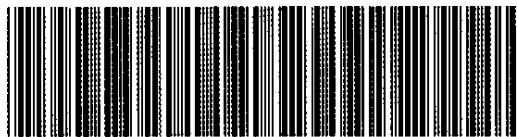
Special Instructions to Filing Officer:

L. SELLERS

MAY 28 2009

EXAMINER

Office Use Only



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05/27/09--01035--007 **160.00

FILED
09 MAY 27 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Maribel A. Piza
10051 Pines Blvd. Suite A
Pembroke Pines, FL 33024
954-885-9100

May 20, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: AMERICAN VILLAGE OF HOPE, LLC
VETERANS VILLAGE OF HOPE FOUNDATION, INC

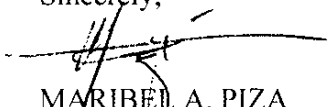
Dear Sir or Madam:

Enclosed you will find the articles of organization for the American Village of Hope, LLC and the check made payable to the Florida Department of State for the total amount of \$160.00 (one hundred sixty dollars) for the appropriate Filing Fees, Certificate of Status and a Certified Copy.

In addition, we have also enclosed the Articles of Incorporation for a Not for Profit Corporation, the Veterans Village of Hope Foundation, INC. along with a separate check in the amount of \$87.50 for the appropriate Filing Fees, Certified Copy and Certificate.

If you should require any additional information, please do not hesitate to contact our offices immediately. Thank you for your cooperation in this matter.

Sincerely,


MARIBEL A. PIZA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN VILLAGE OF HOPE, 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:

MARIBEL A. PIZA

Name of Person

MARIBEL A. PIZA, P.A.

Firm/Company

10051 PINES BLVD, SUITE A

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

WMCGEE@WESUPPORTVETS.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL A. PIZA

Name of Person

at (954)

885-9100

Area Code & Daytime 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 & 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 Circle
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN VILLAGE OF HOPE, 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:

10051 PINES BLVD, SUITE A
PEMBROKE PINES, FL 33024

Mailing Address:

10051 PINES BLVD, SUITE A
PEMBROKE PINES, FL 33024

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:

WADDELL MCGEE

Name

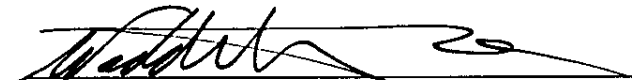
10051 PINES BLVD, SUITE A

Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL

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)

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09 MAY 27 AM 11:01
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TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

RON SILVER

10051 PINES BLVD, SUITE A

PEMBROKE PINES, FL 33024

MGRM

WADDELL MCGEE

10051 PINES BLVD, SUITE A

PEMBROKE PINES, FL 33024

MGRM

KEVIN HUMES

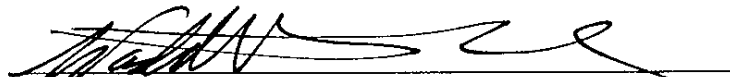
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PEMBROKE PINES, FL 33024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 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.)

Waddell McGee

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)

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