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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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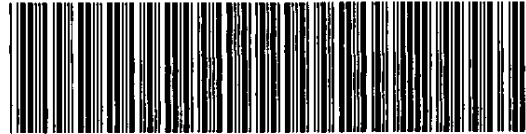
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

KENNEDY & SANTINO, P.L.
ATTORNEYS AT LAW

THE FORUM - TOWER A
1675 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33401

P. TODD KENNEDY, P.L., LL.M. Taxation †
DANA M. SANTINO, P.L., LL.M. Taxation, Of Counsel *

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MARK J. NOWICKI, P.A., Of Counsel † ***

† Board Certified in Taxation
* Also Admitted in New York and the District of Columbia

** Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
To Matters of Federal Tax Law
*** Also Admitted in Colorado and Montana

June 6, 2011

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

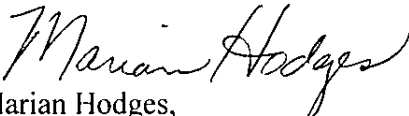
Re: Vogel Holdings, LLC

Dear Sir/Madame:

Enclosed please find original Articles of Organization to be filed for the above-referenced entity. Also enclosed is our firm's check in the amount of \$125.00, representing your filing fee for this limited liability company.

Please do not hesitate to contact us if you have any questions concerning these enclosures.

Sincerely,
KENNEDY & SANTINO, P.L.


Marian Hodges,
Legal Assistant to P. Todd Kennedy

/moh
Encls.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOGEL HOLDINGS, 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:

P. TODD KENNEDY, ESQ.

Name of Person

KENNEDY & SANTINO, P.L.

Firm/Company

1675 Palm Beach Lakes Blvd., Suite 700

Address

West Palm Beach, Florida 33401

City/State and Zip Code

kennedy@kennedypllaw.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

P. Todd Kennedy

Name of Person

at (561) 683-2484

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOGEL HOLDINGS, 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:

6242 Fox Run Circle

Jupiter, FL 33458

Mailing Address:

6242 Fox Run Circle

Jupiter, FL 33458

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:

CLARENCE A. VOGEL

Name

6242 Fox Run Circle

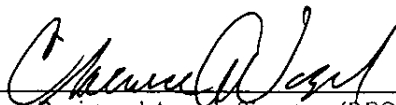
Florida street address (P.O. Box NOT acceptable)

JUPITER FL 33458

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

CLARENCE A. VOGEL FAMILY LIMITED PARTNERSHIP
DATED MAY 13, 2011

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CLARENCE A. VOGEL

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)