

L11000081251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

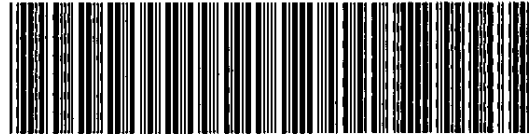
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500209464355

Effective Date 07/11/11

07/05/11--01023--026 \*\*30.00

07/14/11--01020--023 \*\*100.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 13 PM 3:16

FILED

W11-35826

J. BRYAN

JUL 15 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2011

NADINE VAUGHAN, PH.D.  
VAUGHAN PSYCHOLOGICAL SERVICES LLC  
4756 ST. MARC CT  
AMELIA ISLAND, FL 32034

SUBJECT: VAUGHAN PSYCHOLOGICAL SERVICES LLC  
Ref. Number: L09000004301

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TALLAHASSEE, FLORIDA

We have received your document for VAUGHAN PSYCHOLOGICAL SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 611A00016087

NOTE: I No longer want to Reinstate  
Vaughan Psychological Services, LLC

I have enclosed the completed forms to  
apply for a New LLC "NativeLand Productions, LLC"  
Please apply the \$30<sup>00</sup> I already sent plus today's \$100<sup>00</sup> check.  
www.sunbiz.org  
Nadine Vaughan

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Native Land Productions, 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:**

Nadine Vaughan, Ph.D.  
Name of Person

**Native Land Productions**  
Firm/Company

P.O. Box 5

**Fernandina Beach, Florida 32035**  
City/State and Zip Code

psychespace@earthlink.net  
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Nadine Vaughan, Ph.D. at (904) 491.0904  
Name of Person Area Code & Daytime Telephone Number

**Enclosed is a check for the following amount:**

☒ \$125.00 Filing Fee      ☒ \$130.00 Filing Fee & Certificate of Status  
  - 30.00 sent 7/6/11  
  \$100.00 enclosed

☐ \$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:

**Native Land Productions, LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4756 St. Marc Ct.  
Amelia Island, Florida  
32034

**Mailing Address:**

P.O. Box 5  
Fernandina Beach, Florida  
32035

**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:

Effective Date 07/11/11

Richard S. Traum

Name

4756 St. Marc Ct.

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

Amelia Island FL 32034

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)

**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

Nadine Vaughan, Ph.D.

P.O. Box 5

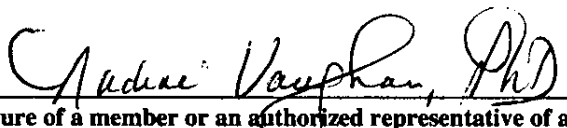
Fernandina Beach, Florida 32035

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PALM BEACH COUNTY, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 11, 2011. (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.)

Nadine Vaughan Ph.D.

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)