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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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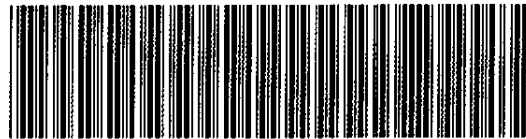
(Business Entity Name)

(Document Number)

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2011 AUG 26 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 26 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2011

PETER VOGEL  
NEW AGENCY SETUP LLC  
621A W. NOBLE AVE PO BOX 2108  
BUSHNELL, FL 33513

SUBJECT: NEW AGENCY SETUP LLC  
Ref. Number: W11000043146

We have received your document for NEW AGENCY SETUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 311A00019378

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: New Agency Setup 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:

**Peter Vogel**

Name of Person

**New Agency Setup LLC**

Firm/Company

**621A West Noble Ave PO Box 2108**

Address

**Bushnell, FL 33513**

City/State and Zip Code

**peterv2000@gmail.com**

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

For further information concerning this matter, please call:

**Peter Vogel**

at ( **352** ) **231-0097**

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

☐ \$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:

New Agency Setup 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:

621A West Noble Ave

Bushnell, FL 33513

#### Mailing Address:

PO Box 2108

Bushnell, FL 33513

### 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:

Peter Vogel Financial Services LLC

Name

621 A West Noble Ave

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

Bushnell

FL Florida 33513

City, State, and Zip

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*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..*

Peter Vogel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Peter Vogel

621A West Noble Ave Po Box 2108

Bushnell, Florida 33513

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/01/2011 (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:**

Peter Vogel

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.)

Peter 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)**