

L12000036307

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000067926 3)))



H120000679263ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for this annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
2012 MAR 14 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
VON GAL FAMILY RENTALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE

MAR 15 2012

EXAMINER

RECEIVED
12 MAR 14 PM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12000067926 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

VON GAL FAMILY RENTALS LLC

ARTICLE II ADDRESS

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

911 PIRATE COVE LN
VERO BEACH, FL 32963

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:

CLINT VON GAL
911 PIRATE COVE LN
VERO BEACH, FL 32963

Having been named as registered agent 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.

X


CLINT VON GAL / Registered Agent's signature

H12000067926 3

FILED

2012 MAR 14 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 VON GAL FAMILY RENTALS LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

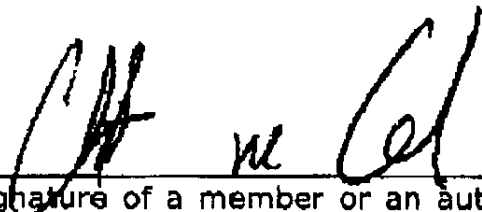
MANAGING MEMBER
CLINT VON GAL
911 PIRATE COVE LN
VERO BEACH, FL 32963

MANAGING MEMBER
KELLY VON GAL
911 PIRATE COVE LN
VERO BEACH, FL 32963

2012 MAR 14 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

.....

X  _____
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.

CLINT VON GAL