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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vern Heritage, 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:
Matthew Kordonowy Name of Person
Vern Heritage, LLC- Firm/Company
3621 Heritage Lane
Address
Fort Myers, FL 33908 City/State and Zip Code
Kordonowym15@mail.wlu.edu  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Viktor Mak  at (239) 292-8790  Area Code & Daytime Telephone Number
Table code to paytime receptione Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & 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

# **COVER LETTER**

TO: Registration Se Division of Cou			~ ~
SUBJECT: Ver	n Heritage	LLC.	TALLE
	Name of Limite	d Liability Company	まる。 「
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Mate	thew Kordono	wy	
		Name of Person	
Ver	n Heritage, L	Firm/Company	
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3661	Heritage Lan	<u>l</u>	
	V	Aduress	
Fort M	lyers, FL city	33908	· · · · · · · · · · · · · · · · · · ·
Kordon	10 WYM 15 @ mai	1. Whus edu or future annual report notification)	
	concerning this matter, please		
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Viktor Ma	K	at (239) 292.	-8790
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□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	·
	Tallahassee, FL 32314	2661 Executive Center C	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	, <b>,</b> ,
Vern Heritage, LLC.  (Must end with the words "Ulmited Liability Company, "L.L.C.," or "LLC.")	T T
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company	y is:
Principal Office Address: Mailing Address:	
3621 Heritage Lane Fort Myers, UFL 33908 Fort Myers, FC	
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:	
Viktor Mak Name	
7858 Cameron Circle  Florida street address (P.O. Box NOT acceptable)	
Tort Myers FL 33912 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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2013 SE
MGR.	Viktor Mak 7858 Cameron Cir.	ECARE 2
MGR	Matthew Kordonowy 3621 Heritage Lane	SEE FLOOR
	Fl. Myors, FLV 33908	V."
(Use attachment if necessary)	l . CCI:	(OPTIONA
	e date of filing: at be specific and cannot be more the	

## **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.)

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)