

L13000132839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

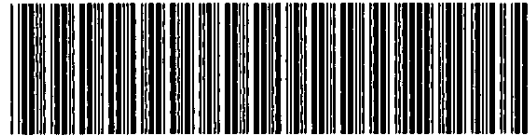
(Business Entity Name)

(Document Number)

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

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08/29/13--01007--015 \*\*125.00

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13 SEP 19 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers SEP 20 2013

W13-44478

September 19, 2014

Justin Shiver  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Mr. Shiver,

Per our phone conversation this morning, I am submitting a revised Articles of Organization for a new LLC. Please replace the name Vel-Vet, LLC with Florida Golf Sun Services, LLC.

Sincerely,



Jane Veling  
1326 Powis Rd  
St Augustine, FL 32095

FILED  
13 SEP 19 PM 3:20  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**

Vel-Vet 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 F Veling

Name of Person

Firm/Company

1326 Powis Rd

Address

St Augustine FL 32095

City/State and Zip Code

pandjveling@gmail.com

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

For further information concerning this matter, please call:

Jane A Veling

Name of Person

at ( 904 ) 825-4393

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

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13 SEP 18 PM 3:20  
STATE OF FLORIDA  
TALLAHASSEE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Vel-Vet LLC~~ Florida Golf Sun Services, 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:

1326 Powis Rd  
St Augustine FL 32095

### Mailing Address:

1326 Powis Rd  
St Augustine FL 32095

## 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.)

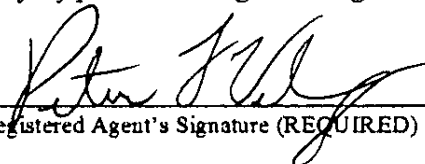
The name and the Florida street address of the registered agent are:

Peter F Veling  
Name

1326 Powis Rd  
Florida street address (P.O. Box NOT acceptable)  
St Augustine FL 32095  
City, State, and Zip

FILED  
13 SEP 18 PM 3:00  
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:**

MGR

Peter F Veling  
1326 Powis Rd  
St Augustine FL 32095

MGRM

Jane A Veling  
1326 Powis Rd  
St Augustine FL 32095

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Jane A. Veling  
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.)

Jane A Veling  
Typed or printed name of signee

FILED  
13 SEP 18 PM 3:20  
STATE  
TALLAHASSEE  
FLORIDA

**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)