#13000154476

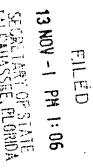
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800252093158

10/21/13--01044--014 **160.00



K. SALY EXAMINER

NOV - 4 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2013

CONSTANCE C LAUX 144 PALERMO PLACE THE VILLAGES, FL 32159

SUBJECT: CAL YOGURT "LLC." Ref. Number: W13000059017

We have received your document for CAL YOGURT "LLC." and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 413A00024786

Karen A Saly Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CAL VOGURT LLC, (Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address: Ma	iling Address:
144 PALERMO PL The VILLAGES, FL 32159	4 Palermo Pl The Villages FL32159
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentiness entity with an active Florida registration.)	
The name and the Florida street address of the register	red agent are:
_ Charles Laux	
Name	
144 Palerno Pl	SSE P
	O. Box NOT acceptable)
Lady Lake FL	32159
City, State, and	Zip
Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. If all statutes relating to the proper and complete perform and accept the obligations of my position as registered.	tificate, I hereby accept the appointment as further agree to comply with the provisions of formance of my duties, and I am familiar with
Registered Agent's Signature (RE	QUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Andrew R. Laux 144 Palermo PL
MBRM	Charles A. Laux
MGRM	Constance C. Laux 144 Palemo P. The Villages Pl 22059
· 	
ffective date is listed, the date	an the date of filing: (OPTION must be specific and cannot be more than five busing
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of fili	must be specific and cannot be more than five busin
LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of filing the date of filing the date. **EQUIRED SIGNATURE:**	must be specific and cannot be more than five busing.)

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)