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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Vanpel Electric, LLC Name of Limited Liability Company
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following: aun. 59 EG ana grasota FL 34241 5m Vaupel @ gmail. com Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gupe at 941 284-7120 Area Code Daytime Telephone Number Shann

Enclosed is a check for the folloying amount:

S125.00 Filing Fee

Certificate of Status

Certified Copy (additional copy is enclosed) Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabases, FL 32314 <u>Street/Contrier Address</u> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Brian McGinn CDA 2018 Oak Terrace Sarasota FL 34231 941-926-4687

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IN DO. '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:	Mailing Address;	
3935 Vana Dr.	<u>3935 Vana Dr.</u>	
<u></u>		
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Re another business withy with an active Florida registration.)		
The name and the Florida street address of the registered as		
Shann Van		
Name		
3935 Vana Drive		
Florida street address (P.O. Box NOT acceptable)		
Savasota R 34241		
Chy	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 is registered agent as pravided for in

Chaptertos Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liebility Company:

Title: Name and Address; "AMBR" = Authorized Member "MOR" = Manager AMBR 1G-R 2014 HAR (Use attachment if necessary) ΠQ **61 1 1 1** 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 butiness days prior to or 20 day the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: X Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am sware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) Shann Van pel Typed of printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional) Page 2 of 2 Brian MCGinn CPA 2018 Oak Perrace Sarasota FL 34231 941-926-4687

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