

L14000092556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06/04/14--01014--015 **155.00

14 JUN -6 AM 9:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



La Vandalay LLC

La Vandalay LLC
4489 S. Atlantic Ave
Ponce Inlet, FL 32127
1.404.403.4967

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Subject: La Vandalay LLC

Dear Sir or Madam:

Please find the Articles of Organization and our check for \$155.00 for filing fees and certificate copy of certificate status for La Vandalay LLC.

Correspondence information:

Michael W Senior
La Vandalay LLC
4489 South Atlantic Ave
Ponce Inlet, FL 32127

Contact information:

Michael W Senior
404.403.4967
senior@cyintech.com

Sincerely:

A handwritten signature in black ink, appearing to read 'Michael W. Senior', with a stylized flourish at the end.

Michael W. Senior

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Vandalay 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:

Mailing Address:

4489 Sout Atlantic Avenue
Ponce Inlet, Florida
32127

4489 South Atlantic Avenue
Ponce Inlet, Florida
32127

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:

Michael W. Senior
Name

4489 South Atlantic Avenue
Florida street address (P.O. Box NOT acceptable)

Ponce Inlet FL 32127
City 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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUN -4 PM 9:50
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael W. Senior
4489 S Atlantic Ave
Ponce Inlet, FL 32127

AMBR

Magda J. Senior
4489 S Atlantic Ave
Ponce Inlet, FL 32127

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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 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.)

Michael W. Senior

Typed or printed name of signer

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)

14 JUN -4 AM 9:50
RECEIVED FLORIDA
DEPARTMENT OF STATE