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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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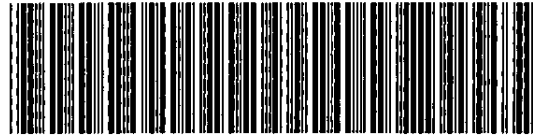
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 24 PM 12:48
FALL RIVER, FLORIDA

WILLIAM E. RAIKES, III
Attorney at Law

(772) 595-6654
Fax (772) 465-0593
Courthouse Box

604 Boston Avenue
Fort Pierce, Florida 34950

June 19, 2014

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32301

RE: Southeast Volkerts, LLC

Dear Sir or Madam:

Enclosed please find original and one copy of the Articles of Organization For Florida Limited Liability Company for the above-referenced corporation. Also enclosed is our check for the following:

Filing fee	\$100.00
Registered Agent fee	25.00
Certified Copy of Articles	<u>30.00</u>
Amount of check	\$155.00

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact me.

Very truly yours,



William E. Raikes, III

WER/tkk
enclosure

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southeast Volkerts, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is :

Principal Office Address:

2816 22nd Street
Vero Beach, Florida 32960

Mailing Address:

2816 22nd Street
Vero Beach, Florida 32960

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Minerva Cardriche

Name

2816 22nd Street

Florida street address (P.O. Box NOT acceptable)

Vero Beach, Florida 32960

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 property 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, Florida Statutes.

Minerva L. Cardriche

Registered Agent's Signature

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

Minerva Cardriche

2816 22nd Street

Vero Beach, Florida 32960

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required.

REQUIRED SIGNATURE:

Minerva L. Cardriche

Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that all facts stated herein are true.)

Minerva Cardriche

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)