

L15000027087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

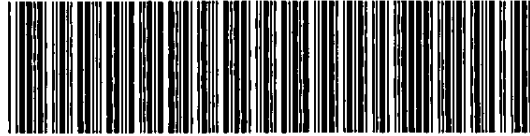
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/15--01058--011 **125.00

Effective Date

1/30/15

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15 JAN 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2015

T. HAMPTON

27087-5169

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 482 AVOCADO, 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:

Rene G. VanDeVoorde
Name of Person

Firm/Company

1327 N. Central Ave.
Address

Sebastian, Florida 32958
City/State and Zip Code

info@vandevoordelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene G. VanDeVoorde at (772) 589-4353
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB 12 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

January 30, 2015

RENE G VANDEVOORDE
VANDEVOORDE HALL LAW PL
1327 N CENTRAL AVE
SEBASTIAN, FL 32958

SUBJECT: 482 AVOCADO, LLC
Ref. Number: W15000007043

We have received your document for 482 AVOCADO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammy Hampton
Regulatory Specialist III

Letter Number: 515A00001968

Effective Date

1/30/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

482 AVOCADO, 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:

1327 N. Central Ave.
Sebastian, Florida 32958

1327 N. Central Ave.
Sebastian, Florida 32958

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:

Rene G. VanDeVoorde

Name

1327 N. Central Ave.

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

Sebastian

FL 32958

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.

Rene G. VanDeVoorde

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

Rene G. VanDeVoorde

1327 N. Central Ave.

Sebastian, Florida 32958

AMBR

Rene G. VanDeVoorde, III

8745 Tanager Woods Dr.

Cincinnati OH 45259

AMBR

Cynthia M. Hall

12450 Roseland Rd.

Sebastian FL 32958

AMBR

Rachel M. VanDeVoorde

1425 Northgate Ct.

Longwood FL 32750

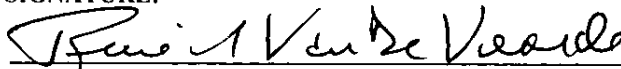
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 30, 2015. (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.)

Rene G. VanDeVoorde

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)

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TALLAHASSEE, FLORIDA