

LP 000028244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

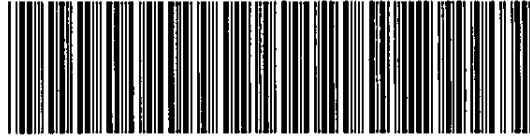
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2594 1/15-7031

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01/20/15--01058--013 \*\*125.00

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15 JAN 20 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/30

FEB 16 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 950 BERMUDA, 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@vandevoordejlaw.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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2015

RENE G. VANDEVOORDE  
1327 N CENTRAL AVENUE  
SEBASTIAN, FL 32958

SUBJECT: 950 BERMUDA, LLC  
Ref. Number: W15000007031

RECEIVED

FEB 09 2015

We have received your document for 950 BERMUDA, 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):

The articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 215A00001962

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TALLAHASSEE, FLORIDA

RECEIVED  
15 FEB 13 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

950 BERMUDA, 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)

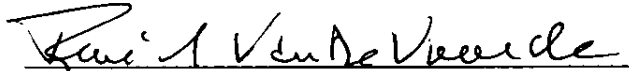
Sebastian

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

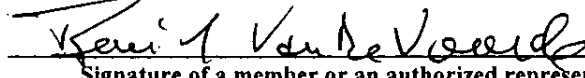
Rachel M. VanDeVoorde  
1425 Northgate Ct.  
Longwood FL 32750

(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 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)

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