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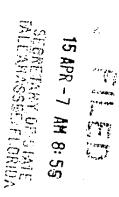
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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J. STAINERS APR 21 7015

COVER LETTER

	egistration Section vision of Corporations
SUBJECT:	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
-	William E. Vogel Name of Person
•	Firm/Company
_	27/1 AcAdemy Drive
	Westmister, MD 21157
•	City/Otate una Esp Code
	We vogel@ ychoo.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
<u> Wil</u>	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	ling Fee Status

Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Vogel + Price Refrect 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:
1178 GREEN OCH TRAIL 2711 ACADEMY DR. PORT CHANOTTE, FL 33948 Westminster, MD 21157
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:
Name 1178 GREEN OOK TRAIL Florida street address (P.O. Box NOT acceptable)
Name
1178 GREEN OOK TRAIL
Florida street address (P.O. Box NOT acceptable)
Port Charlotte FL 33948 City Zip
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
Willin 9. Vogel
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager), // F \G
HMBR	William E. Yogal
	William E. Vogal 2711 Academy Dr. Westminster, MD 21157
AMBR	M. Teresa Vogel
THION	2711 ACAdemy DR
	Westminster, MD 21157
V: Effective date, if other than the citive date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
Use attachment if necessary) V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
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W: Effective date, if other than the effice date is listed, the date must be filling.) WI: Other provisions, if any. WHELL PROPERTY Signature of a (In accordance with section constitutes an affirmation of a maware that any false in constitutes a third degree of the section	member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.