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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| File Bu | 10245 | |
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SECRETARY OF STATE
ALLAHASSEE FLORIO



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Vandenburg L.L.C. |
| SUBJECT: Vandenburg L. L. C. 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: |
| Richard Jag Vandenburg Jo Name of Person |
| Vandenburg L.L.C. Firm/Company |
| 795 Beverly parkway Pensolola Florida |
| Pensoloca Florida 32503 City/State and Zip Code |
| |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

| (Must end with the words "Limited Liability Co | mpany, "L.L.C.," or "LLC.") |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the L | imited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Pensacola 71 32505 | 795 Beverly PKWY Pensacola Hamide 32505 |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agent are: | AS OF |
| Richard Joy Von Name | Ladonburg Je LAHASS |
| 795 Beverly | NHW MG P [|
| Florida street address (P.O. Box | NOT acceptable) |
| Pensacola Florid City State | <u>~ 32505</u> 8 |
| City State | Zip |
| Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered | egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I |
| Registered Agent's | Signature (REQUIRED) |
| CONTIN | (JED) |

Page 1 of 2

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Mem | ber |
| "MGR" = Manager | 1: 0 × 1 × 1 |
| MB-R | Richard Jay Vandenberry Ir 795 Beverty PKWY Pentacola |
| | Trovida 32505 |
| | Thomas & 2505 |
| AMBR | Tom Cooke |
| | \$115 Binkley st |
| | pensacala Harida 32514 |
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| fective date is listed, the date of filing.) | an the date of filing: Tune 23, 2016. (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days |
| LEV: Effective date, if other the factive date is listed, the date of filing.) | nust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be |
| LE V: Effective date, if other the fective date is listed, the date of filing.) If the date inserted in this block | nust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be |
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