L190000 76560

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		}		

Office Use Only



300326360913

03/18/19--01033--020 ++125.00

HAR IS AN I: OT

COVER LETTER

New Filing Section Division of Corporations					
	Name of Limited Liability Company				
osed Articles of Organization and fee(s)	are submitted	for filing.			
turn all correspondence concerning this	matter to the	ollowing:			
	Curtis V. I	Ludwig			
	Name of	Person	· · · · · · · · · · · · · · · · · · ·		
Vaugh	an Ludwig Er	terprises, LLC			
Firm/Company					
	7028 Oakwo	ood Dr			
	Addr	ess			
	Jacksonville, l	FL 32211			
cui	•	•			
r information concerning this matter, ple	ase call:				
Curtis V. Ludwig	904	616-2143			
Name of Person	Area Code	Daytime Telephone Nu	ımber		
l is a check for the following amount:					
Filing Fee S130.00 Filing Fee & Certificate of Status	LCertifi	ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional copy is enclosed)		
Mailing Address New Filing Section Division of Corporations P.O. Box 6327		New Filing Section Division of Corporations Cliffon Building			
	Vaughan Ludwig Enterprises, LLC Name of I osed Articles of Organization and fee(s) turn all correspondence concerning this Vaugh Vaugh Cur E-mail address: (to be us r information concerning this matter, ple Curtis V. Ludwig Name of Person I is a check for the following amount: Filing Fee S130.00 Filing Fee & Certificate of Status Mailing Address New Filing Section Division of Corporations	Vaughan Ludwig Enterprises, LLC Name of Limited Liabil Name of Limited Liabil osed Articles of Organization and fee(s) are submitted fourn all correspondence concerning this matter to the following Enterprises (Turtis V. I. Name of Vaughan Ludwig Enterprises) Vaughan Ludwig Enterprises (Turtis V. I. Name of Vaughan Ludwig Enterprises) E-mail address: (to be used for future a curtisvaughn07@ E-mail address: (to be used for future a at information concerning this matter, please call: Curtis V. Ludwig 904 at (Area Code It is a check for the following amount: Filing Fee S130.00 Filing Fee & Certificate of Status Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Vaughan Ludwig Enterprises, LLC Name of Limited Liability Company osed Articles of Organization and fee(s) are submitted for filing. nurn all correspondence concerning this matter to the following: Curtis V. Ludwig Name of Person Vaughan Ludwig Enterprises, LLC Firm/Company 7028 Oakwood Dr Address Jacksonville, FL 32211 City/State and Zip Code curtisvaughn07@yahoo.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Curtis V. Ludwig Name of Person Area Code Street Address New Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Cliflon Building		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Vaughan Ludwig Enterprises, LLC	
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7028 Oakwood Dr,	7028 Oakwood Dr.
Jacksonville, FL 32211	Jacksonville, FL 32211
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ag-	ent are:
Curtis V. Ludwig	
N	ame
7028 Oakwood Dr	

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

FL

State

Jacksonville

City

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

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

Zip

Registered Agent's Signature (REQUIRED)7

(CONTINUED)

FILED

	D.	TT	C	L L	IV-
- 1	ĸ		1. I	I . F .	1 Y -

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
	"MGR" = Manager AMBR		Curtis V. Ludwig 7028 Oakwood Dr Jacksonville, FL 32211	
		•		
	(Use attachment if nece	ecary)		
If an eff he date o Note: If the docu	ective date is listed, the of filing.) The date inserted in this	block does not meet the a the Department of State's	cannot be more than five business pplicable statutory filing requirements	ss days prior to or 90 days after
	E VI. Other provisions.	ii any.		
	REQUIRED SIGNAT	URE:		
	This do I am av	cument is executed in according to the contract that any false information	an authorized representative of ordance with section 605:0203 (1) tion submitted in a document to the s provided for in s.817.155, F.S.	(b), Florida Statutes.
	<u>.</u>	Curtis V. Ludwig - Organi Typed	zer/Member 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)

19 MAR 18 AM 1: 01