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SECRETARY OF STATE

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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: 5. H. Vaughn LLC.  Name of Limited Liability Company
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:
Susan Heather Vaughn Name of Person
Name of Person
Firm/Company
1864 Amelia Oaks Drive
Address
Fernandina Beach, FL 32034
City/State and Zip Code hvaughn@protonmail.Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Vaughn at 904 537-9894  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\infty\$\$\sqrt{\$130.00}\$ Filing Fee & \$\infty\$\$\sqrt{\$155.00}\$ Filing Fee & \$\infty\$
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

# Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5. H. Vaughr	LLC.
(Must contain the words "Limited Liabili	y Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address of the principal office o	the Limited Liability Company is:
Principal Office Address:	The Limited Liability Company is:  Mailing Address:
	• • •
Principal Office Address:	Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

Suscin Heather Volughn

Name

1864 Amelia Oaks Drive

Florida street address (P.O. Box NOI acceptable)

Fernandina Beach, FL 32034

City State 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..

Ausem Meather Vinightn Registered Agent's Signature (REQUIRED)

(CONTINUED)

PILED
2019 MAY 13 AM 10: 45
SECRETARY DE STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Sugar Heuthar Vousdan
MADE	19104 Amalia Ouke Brive
	Susan Heather Vaughn 1864 Amelia Oaks Drive Fernandina Beach, FL 32034
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(Use attachment if necessary)  ICLE V: Effective date, if other than the date of	filling: May 16th 2019 (OPTIONAL)
FICLE V: Effective date, if other than the date of n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not medocument's effective date on the Department of	filling: May 16 <sup>th</sup> 2019 (OPTIONAL)  ific and cannot be more than five business days prior to or 90 day  et the applicable statutory filing requirements, this date will not be  'State's records.
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ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.)  E: If the date inserted in this block does not medocument's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be State's records.  Man Anthro Van
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be speciate of filing.)  Effective date inserted in this block does not medocument's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in constitutes a third degree for	et the applicable statutory filing requirements, this date will not be State's records.  Man Anthro Van Conference of a member.  I in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

ARTICLE IV-