

8/12/2019

# L19000211691

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA  
Account Number : I20050000145  
Phone : (813) 988-5500  
Fax Number : (813) 988-5510

19 AUG 28 PM 12:57

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DOUGE12@EARTHLINK.NET

## FLORIDA LIMITED LIABILITY CO. DEVOOGEL FAMILY, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

J DENNIS

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ARTICLES OF ORGANIZATION  
OF  
DEVOOGEL FAMILY, LLC

ARTICLE I - NAME

The name of the limited liability company is DeVogel Family, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9385 Tavistock Rd.  
Orlando, Florida 32827

Mailing Address:

9385 Tavistock Rd.  
Orlando, Florida 32827

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Nathan L. Townsend, PA  
1000 Legion Place., Ste. 1200  
Orlando, Florida 32801

*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.*

  
\_\_\_\_\_  
Nathan L. Townsend, PA

## ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Name and Address:

Douglas DeVoogel  
9518 Tavistock Rd.  
Orlando, Florida 32827

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Douglas DeVoogel

\_\_\_\_\_  
Typed or printed name of signee

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