Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210002843703ABC.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

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

Email?	Address:			
Email	Address:			

# FLORIDA LIMITED LIABILITY CO. van Blerk Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JUL 2 7 2021

T. SCOTT

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## van Blerk Enterprises LLC

To:

(Must contain 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:
336 Wild Orchid Lane	336 Wild Orchid Lane
Marco Island, FL 34145	Marco Island, FL 34145
	*

### 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:

Jeffrey Pet	erson	
	Name	
336 Wild Orchid La	nc	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Marco Island	FL	33145
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

(((H21000284370 3)))

To:

Title:	Name and Address:
"AMBR" = Authorized Mei "MGR" = Manager	mber
_	Jeffrev Peterson
<u>AMBR</u>	336 Wild Orchid Lane
	Marco Island, FL 34145
AMBR	Natalic Bachich
	336 Wild Orchid Lane Marco Island, FL 34145
	Marco Island, Ft. 54143
AMBR	Joseph Bachich
	336 Wild Orchid Lane Marco Island, FL 34145
	Marco Island, 11, 34143
(Use attachment if necessary LEV: Effective date, if other	than the date of filing: (OPTIONAL)
LEV: Effective date, if other ffective date is listed, the date of filing.) If the date inserted in this blooment's effective date on the	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days at ck does not meet the applicable statutory filing requirements, this date will not be listed. Department of State's records.
LEV: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blo	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a ck does not meet the applicable statutory filing requirements, this date will not be listed. Department of State's records.
LEV: Effective date, if other ffective date is listed, the date of filing.) If the date inserted in this blooment's effective date on the	than the date of filing:
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LE V: Effective date, if other ffective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the LE VI: Other provisions, if an REOUIRED SIGNATURE	than the date of filing:
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LE V: Effective date, if other ffective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the LE VI: Other provisions, if an REOUIRED SIGNATURE Signa This document am aware constitutes:	than the date of filing:

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)