

L2100338317

Florida Department of State
Division of Corporations
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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.****

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2021 JUL 26 AM 9:41
2021 JUL 26 PM 2:52

FLORIDA LIMITED LIABILITY CO.
van Blerk Enterprises LLC

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

JUL 27 2021

T. SCOTT

2021 JUL 26 AM 9:41
FALL AG ASSOCI. - FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRJeffrey Peterson
336 Wild Orchid Lane
Marco Island, FL 34145AMBRNatalie Bachich
336 Wild Orchid Lane
Marco Island, FL 34145AMBRJoseph Bachich
336 Wild Orchid Lane
Marco Island, FL 34145

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a 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.Jeffrey Peterson

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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