

W4000064048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

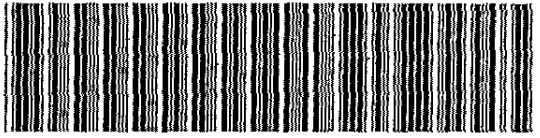
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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W4-64048  
OR

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Votum, L.L.C.  
(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:

Donald Jones  
(Name of Person)

Votum, L.L.C.  
(Firm/Company)

P.O. Box 221151  
(Address)

Hollywood, FL 33022  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Jones at ( 954 ) 232-1564  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Votum, L.L.C.

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**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

P.O. Box 221151

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P.O. Box 221151

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Hollywood, FL 33022

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Hollywood, FL 33022

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Donald Jones

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Name

5058 Massy Drive

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

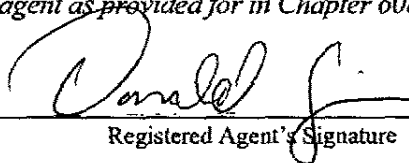
Lake Worth, 33463

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FLORIDA

City, State, and 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 608, Florida Statutes..*

  
Registered Agent's Signature

OFFICE OF STATE  
TELETYPE UNIT - FLORIDA  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

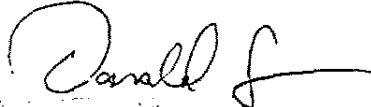
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manager

Donald Jones 

5058 Massy Drive

Lake Worth, FL 33463

MGRM

Randy Bailey

5311 Moonshadow Lane

Green Acres, FL 33463

MGRM

Wayne Allen

510 S.W. 3 Street

Hallandale, FL 33009

MGRM

Angelique S.C. Grant, PH.D.

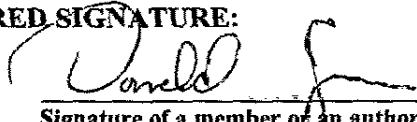
17100 N. Bay Road Apt. 1805

Sunny Isles Beach, FL 33160

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONALD JONES

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)