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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: ADVENTURE CAPITALISTS LLC (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:
Karen Sena
(Name of Person)
(Table of Felbon)
SmallBiZ.com
(Firm/Company)
PO Box 13092
(Address)
Tucson, AZ 85732
(City/State and Zip Code)
For further information concerning this matter, please call:
Karen Sena at (520) 881-3989
(Name of Person) (Area Code & Daytime Telephone Number)
i.

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

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ADVENTURE CAPITALISTS LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability

Principal Office Address:	Mailing Address:
5055 NORTHERN LIGHTS DR	5055 NORTHERN LIGHTS DR
GREENACRES FL 33463	GREENACRES FL 33463

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

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

Company is:

BAUMBA <u>CH</u>	· · · · · · · · · · · · · · · · · · ·
ame	
HERN LIGHT	S
O. Box NOT acc	
FL	33463
ite, and Zip	
	ame HERN LIGHT P.O. Box <u>NOT</u> acc FL

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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:			
MGRM	Robert Baumbach	<u>.</u>		F *
	5055 NORTHERN LIGHTS DR			* = * =
	GREENACRES FL 33463		- -	ه
MGRM	Herbert Baumbach			
	1311 FALLSBROOK TERRACE		-	عد خند
	ACWORTH GA 30101		- - ·	
MGRM	Timothy Porteous			110.00
	8136 MYSTIC HARBOR CIRCLE		- • • •	= ··.
	BOYNTON BEACH FL 33436		E	
MGRM	Jonathan Friedman			
	One East Broward Blvd Ste 925	·		· · · · ·
	Ft Lauderdale, FL 33301		-	e e e son e. Sonae ii e e
MGRM	Heidi Friedman			
	One East Broward Blvd Ste 925	-	÷ .	
	Ft Lauderdale, FL 33301	· ·	- -	— <u> </u>
MGRM	Jennifer Baumbach			
WIGIKIVI	5055 North Lights Dr	· · · ·	· ·	5 . ? . ₹ . (
	Greenacres FL 33463		- 4, 	·
	Greenactes FL 33403		- }	
MGRM	Valerie Baumbach	4 -		
	1311 Fallsbrook Terrace		7 -	9]
	Acworth GA 30101		- L	· • • • • • • • • • • • • • • • • • • •
MGRM	Muriel Porteous			
	8136 Mystic Harbor Circle			rate parties and the second
	Boynton Beach, FL 33436			y
	Boymon Beach, LE 33430	<u> </u>	39 150	·

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

REQUIRED SIGNATURE: ,	•
10.000	
Racenstina	<u></u>
Signature of a member or an authorized representative of a mem	ber.

(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.)

Karen Sena, Organizer

Typed or printed name of signee

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: ADVENTURE CAPITALISTS LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office A	Address:	Mailing Addı	ress:		-	
5055 NORTHER	RN LIGHTS DR	5055 NORT	HERN LIGHT	rs dr		
GREENACRES I	FL 33463	GREENACRES FL 33463				
	egistered Agent, Registered (_		ature:	05	• • •
	ROBERT	BAUMBACH			To differ	#11. ; <u>.</u>
		ame			1	
	5055 NORT Florida street address (I	HERN LIGHTS P.O. Box NOT accept	table)			_=
	GREENACRES	FL	33463	D.	ુંટે	

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City, State, and Zip

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:	· ·
MGRM	Robert Baumbach	ander en la seria de la compansión de
	5055 NORTHERN LIGHTS DR	
	GREENACRES FL 33463	
MGRM	Herbert Baumbach	
	1311 FALLSBROOK TERRACE	
	ACWORTH GA 30101	
MGRM	Timothy Porteous	
	8136 MYSTIC HARBOR CIRCLE	
	BOYNTON BEACH FL 33436	• • • •
MGRM	Jonathan Friedman	
	One East Broward Blvd Ste 925	· · · · · · · · · · · · · · · · · · ·
	Ft Lauderdale, FL 33301	
MGRM	Heidi Friedman	-
	One East Broward Blvd Ste 925	
	Ft Lauderdale, FL 33301	
MGRM	Jennifer Baumbach	de o
14101011	5055 North Lights Dr	- [3
	Greenacres FL 33463	
		5
MGRM	Valerie Baumbach	
	1311 Fallsbrook Terrace	1
	Acworth GA 30101	
MGRM	Muriel Porteous	
MOM	8136 Mystic Harbor Circle	<u></u>
	Boynton Beach, FL 33436	<u></u>
	DOYTION DEGLISTE JUTUS	

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

REQUIRED SIGNATURE:	· -
Karenskna	
Signature of a member or an authorized representative of	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.)

Karen Sena, Organizer