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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : STEVEN W. LEDBETTER, P.L.
Account Number : I20160000016
Phone : (941) 256-3965
Fax Number : (941) 866-7514

2016 NOV 22 AM 9:40
FILED
PALM BEACH COUNTY
FLORIDA DEPARTMENT OF STATE

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

Email Address: corp@berlinpatten.com

**FLORIDA LIMITED LIABILITY CO.
339 W. VENICE AVENUE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2016 NOV 22 11:14:19

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11/15/2016 4:11:12 PM PAGE 1/001 Fax Server



2016 NOV 22 AM 9:10
RECEIVED
FLORIDA DEPARTMENT OF STATE

November 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STEVEN W. LEDBETTER, P.L.

SUBJECT: 339 W. VENICE AVENUE, LLC
REF: W16000077306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H16000279369
Letter Number: 016A00024503

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 339 W. VENICE AVENUE, LLC
Name of Limited Liability Company

2016 NOV 22 AM 9:40
FILED
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN W. LEDBETTER
Name of Person

Firm/Company

247 Tamiami Trail S., Suite 201
Address

Venice, FL 34285
City/State and Zip Code

corp@berlinpatten.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven W. Ledbetter 941 955-9991
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

339 W. VENICE AVENUE, LLC

(Must end with 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:

12373 Wellington Preserve Blvd.
Wellington, FL 33449

Mailing Address:

12373 Wellington Preserve Blvd.
Wellington, FL 33449

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:

Steven W. Ledbetter
Name

247 Tamiami Trail S., Suite 201
Florida street address (P.O. Box **NOT** acceptable)

Venice FL 34285
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-

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

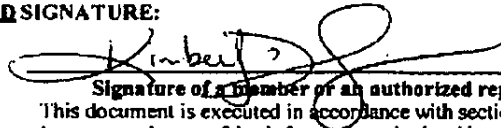
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>KIMBERLY D. SNYDER</u>
	<u>12373 Wellington Preserve Blvd.</u>
	<u>Wellington, FL 33449</u>
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(Use attachment if necessary)

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.

KIMBERLY D. SNYDER
 Typed or printed name of signee

- 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)

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