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ACCOUNT NO. : 072100000032

REFERENCE: 313861 81093A

AUTHORIZATION :

COST LIMIT :

ORDER DATE: April 13, 2005

ORDER TIME : 5:22 PM

ORDER NO. : 313861-015

CUSTOMER NO: 81093A

CUSTOMER: Craig R. Hersch, Esq.

Sheppard, Brett, Stewart, Hersch & Kinsey, P.A. 9100 College Pointe Court

Fort Myers, FL 33919

DOMESTIC FILING

NAME:

JOCICHEL VENTURES I, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	
XX	ARTICLES OF ORGANIZATION	
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

CONTACT PERSON: Kelly Courtney - EXT. 2916

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION

OF

JOCICHEL VENTURES I, LLC

SECRETASSEE. FLORIDA

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is JOCICHEL VENTURES I, LLC

ARTICLE II REGISTERED AGENT

The initial registered agent of the Company is JOHN COSSU. The registered address of the Company is 2658 SHRIVER DRIVE, FORT MYERS, FL, 33901. The mailing address of the Company is 2658 SHRIVER DRIVE, FORT MYERS, FL, 33901.

ARTICLE III MANAGEMENT AND PURPOSE

The Company shall be a manager-managed company, and shall initially be managed by JOHN COSSU. The Operation Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The general purpose of the Company is to manage family assets and any lawful purpose.

ARTICLE IV **MEMBERS**

The name:	and	address	of	the	initial	member	of	the	Compa	any	is:
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<u>NAME</u>

My Comm. Expires: My Comm. No.:

ADDRESS

JOCICHEL VENTURES, LLC 2658 SHRIVER DRIVE

FORT MYERS, FL 33901

of Organization at Fort Myers, F	F, the undersigned members have made and subscribe these lorida, for the foregoing uses and purposes this/	
	.	
	JOCICHEL VENTURES, LLC	
	Am ano	
	BY: John Cossu, Manager	
STATE OF FLORIDA		
COUNTY OF LEE		
	nent was acknowledged before me this // J JOHN COSSU, who (X) is personally known to me or who as identification.	
P	Inic RT6. 2	
(Seal)	Notary Public	



Printed Notary Signature

Om Cosu

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for JOCICHEL VENTURES I, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.

Date: April 13, 7005

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