

LO1000011039
July 2, 2001

Department of State
Division of Corporations
State of Florida
PO Box 6327
Tallahassee, FL 32314

487 Artesia St.
Oviedo, FL 32765

7/5

MJH

RE: Filing New Limited Liability Company

Dear Sir or Madam:

Attached please find our Articles of Organization for Florida Limited Liability Company for a new company named Venutek, LLC. Also attached is the check for \$125 to cover the \$100 filing fee and \$25 fee for registered agent.

Please call me immediately if there are any problems with our application. My telephone number is 407-359-8699 and my cell phone number is 407-340-2305.

Yours truly,

Linda Trocine
Linda Trocine

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***125.00 ***125.00

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01 JUL -5 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Venutek, LLC

ARTICLE II - Address:

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

P.O. Box 2331

487 Artesia St.

Oviedo, FL 32762-2331

Oviedo, FL 32765

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

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

Linda Trocine

Name

487 Artesia St.

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

Oviedo, FL 32765

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, F.S..

Linda Trocine

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Linda Trocine

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.)

Linda Trocine

Typed or printed name of signee

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)

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