ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC.

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

PI	WALK	1/02 M	me	
CERTIFIED COPY		' / cus		
				S S S
РНОТО СОРУ	• •	V_FILING_	LLC	SEP 1.1
CORPORATE NAME & DOCUMENT #)	Ventu	ires, L	LC	OF STATENS OPPORATIONS AM 10: 19
)(CORPORATE NAME & DOCUMENT #)		l		•
)				
(CORPORATE NAME & DOCUMENT #)			300007 -09/1: ****)	6623085 1/0201045001 25.00 ****125.00
(CORPORATE NAME & DOCUMENT #)	• -			
	,		٠.	
(CORPORATE NAME & DOCUMENT #)		<u> </u>		
		•		02 DIVISI
ECIAL INSTRUCTIONS		•		FIEC 2 SEP SION CF
			*	PRECE VED
				3 5 6

"When you need ACCESS to the world" CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA FAMILY VENTURES, L.L.C.

ARTICLE II - Address:

Control of the second of the s

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

837 E. New Haven Avenue, Melbourne, FL 32901

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

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

Name
837 E. New Haven Ave.

Florida street address (P.O. Box NOT acceptable)
Melbourne
FL 32901
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 famil'ar with and accept the obligations of my position as registered agent as provided for in Chapter 618, F.S.

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)

Signature of a member of 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.)

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

02 SEP | | AM | | | | | |