

LO3000020861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200018844422

06/10/03--01048--018 \*\*155.00

LO3-20861

al

STATE  
CORPORATIONS  
SECTION  
TALLAHASSEE, FLORIDA

03 JUN 10 AM 11:00

RECEIVED

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- OWEN VENTURES, LLC
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
OWEN VENTURES, LLC  
(A Limited Liability Company)**

**ARTICLE I - NAME**

The name of the Limited Liability Company ("Company") is: **OWEN VENTURES, LLC.**

**ARTICLE II - ADDRESS**

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

**OWEN VENTURES, LLC  
519 Palm Drive  
Hallandale, FL 33009**

**ARTICLE III - DURATION**

This Limited Liability Company shall have a duration of seventy-five (75) years from the date of filing of these Articles of Organization with the Florida Department of State; however, the duration can be extended by agreement from the Members.

**ARTICLE IV  
REGISTERED AGENT AND OFFICE**

The name of the Company's initial registered agent in Florida is CAROL R. OWEN. The address of the registered agent's office in Florida is: 519 Palm Drive, Hallandale, Florida 33009.

**ARTICLE V - PURPOSE**

This Company is organized for the purpose of transacting any or all lawful business for which a limited liability company may be organized pursuant to Chapter 608, Florida Statutes, as amended from time to time.



**ARTICLE VI - MANAGEMENT**

The Company is a Manager - managed company. The Company is to be managed by one or more Managers, whose identities and terms of office shall set forth in the Written Operating Agreement of the Limited Liability Company. The initial Members shall be CAROL R. OWEN and PAMELA N. OWEN.

**ARTICLE VII**  
**WRITTEN OPERATING AGREEMENT**

Any Operating Agreement entered into by the Members of the Limited Liability Company and any amendments or restatements thereof shall be in writing. No oral agreements among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion or otherwise affect the interpretation of, any written Operating Agreement of the Limited Liability Company, as amended and in existence from time to time.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this 8 day of MAY, 2003.

  
CAROL R. OWEN, Member  
  
PAMELA N. OWEN, Member

STATE OF FLORIDA                     )  
  )ss.:  
COUNTY OF ~~MIAMI-DADE~~       )  
  Broward

The foregoing instrument was acknowledged before me this 8 day of MAY, 2003, by CAROL R. OWEN and PAMELA N. OWEN, to me personally known /PK/ or who have

produced PK as identification.

Constance Ancheta  
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA



PRINT, TYPE OR STAMP COMMISSIONED NAME OF  
NOTARY PUBLIC: Constance Ancheta  
COMMISSION NUMBER:  
COMMISSION EXPIRES: 6/6/05

**ACCEPTANCE BY REGISTERED AGENT**

The undersigned, CAROL R. OWEN, whose address is 519 Palm Drive, Hallandale, Florida 33009, hereby accepts the appointment as Registered Agent of OWEN VENTURES, LLC, which is contained in the foregoing Articles of Organization.

Dated this 8 day of MAY, 2003.

By: Carol R. Owen

(Carol R. Owen)

L:\Bmalina\WPFILES\LWF\OWEN VENTURES LLC\ART-ORGAN\LLC

