

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (650)205-0383

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number : (850)222-9428

# LIMITED LIABILITY COMPANY

### NextStep Ventures, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEXTSTEP VENTURES, LLC

ARTICLE II - Address:

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

4621 Fischer Island Drive Fischer Island, Florida 33109

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

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

C T Corporation System Name c/o CT Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation FL 33324 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

> C T Corporation System 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.

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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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.)

Alexander W. Samor Authorized Representative of Member Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

3 25.00 Designation of Registered Agent

3 30.00 Certified Copy (OPTIONAL)
5 5.00 Certificate of Status (OPTIONAL)

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