

W04000054883

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**LIMITED LIABILITY COMPANY**

**venco nvestments llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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JR

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VENCO INVESTMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6815 WILLOW WOOD DRIVE

UNIT 4023 BOCA WEST

BOCA RATON, FLORIDA 33434

**Mailing Address:**

6815 WILLOW WOOD DRIVE

UNIT 4023 BOCA WEST

BOCA RATON, FLORIDA 33434

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

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

ADOLFO MALAVE

Name

1492 S. MIAMI AVE.

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

MIAMI

FLORIDA 33130

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, Florida Statutes.*

  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

OSCAR VALECILLOS

5815 WILLOW WOOD DR. #4023 BOCA WEST  
BOCA RATON, FLORIDA 33434

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

OSCAR VALECILLOS

Typed or printed name of signer

**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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