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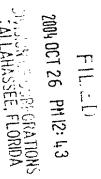
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Office Use Only



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# TRANSMITTAL LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Ve		estments +	Procurements
The enclosed Articles of C	Organization and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matter	<del>-</del>	
	Adoff M. L.	ALE.	
<del></del>	(1)	ame of Person)	<del></del>
<i>F</i>	CN TNVEST	MENTS L	.L.C. 5 3
	(F	irm/Company)	Par By To
POL	30x 20211		.Z.C. STEEL ST. 26
		(Address)	PH IS
	FERUDALE (City/S	アンナ ビタンク State and Zip Code)	PH 12: 4:3 SEE, FLORIDA
For further information co	ncerning this matter, please o	all:	
Adolf La (Name of	VE Person)	at ( <u>248</u> <u>722</u> (Area Code & Daytime To	1098 elephone Number)
Enclosed is a check for	the following amount:		
	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

Ventures Investments & Procurements L.L.C

## ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

POBOK 20211

AUSTER PARK FL

32789

Mailing Address:

POBOK 20211

FERNDALE ME

48330

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

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

Name

Name

667 HAROLD AVE.

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

Winter Pack FL 32789

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.

Registered Agont's Signature

(CONTINUED)

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

The name and address of each Manage	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Vice Pacsiclent	JOHN LANE 667 HAROID AVE WINTER PARK FL 32789
Vice President	Abolf M. LANE POBOX DODII FERNDALE MI 48220
(Use attachment if necessary)	
NOTE: An additional article must b	be added if an effective date is requested.
REQUIRED SIGNATURE:	a fame
Signature of a member	of an authorized representative of a member.
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee