Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: DOOLEY & DRAKE, P.A.

Account Number : 120020000002 Phone

: (941)954-7750

redmum xel

: (941)951-1509

LIMITED LIABILITY COMPANY

MANASOTA VENTURE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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COVER LETTER

TO: Regist:

Registration Section Division of Corporations

SUBJECT: MANASOTA VENTURE, L.L.C.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. KEVIN DRAKE, ESQ.	
(Name of Person)	
DOOLEY & DRAKE, P.A.	
(Firm/Company)	
1432 FIRST STREET	
(Address)	

SARASOTA, FL 34236 (City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

[] \$125.00 Filing Fee [] \$130.00 Filing Fee & [] \$155.00 Filing Fee & [] \$160.00 Filing

Certificate of Status Certified Copy

(additional copy is enclosed)

☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee & ☐ Certificate of Certificate of Certified Copy (additional copy is enclosed)

S160.00 Filing Fee, Certificate of Stafill & Certified Copy (additional copy is enclosed)

CT 10 AM 9: 19

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Street/Courier Address

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Α	X	rici	æ	T.	- Name	•
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The name of the Limited Liability Company is:

MANASOTA VEI	NTURE, L.L.C.	
	"Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C	ኋ,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1432 FIRST STREET	- 1432 FIRST STREET
SARASOTA, FL 34236	SARASOTA, FL 34236

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

J. KEVIN DRAKE, ESQ.

Name
1432 FIRST STREET
Florida street address (P.O. Box NOT acceptable)
SARASOTA, FL 34236 FL
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 the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of thy position as registered agent as provided for in Chapter 608, E.S..

ogistered Agent's Signature (REQUIRED)

(CONTINUED)
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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	J. KEVIN DRAKE 1432 FIRST STREET SARASOTA, FL 34236
·	·
(Use attachment if necessary) CLE V: Effective date, if other th	an the date of filing: (OPTIONAL)
effective date is listed, the date n © days after the date of filing.)	nust be specific and cannot be more than five business flavs prior
REQUIRED SIGNATURE:	
(In accordance of this document	nember or an authorized representative of a member. vith section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.)
	RAKE, ESQ.

of Registered Agent

3 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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