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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE STORE OF CORPORATIONS

COVER LETTER

Division of	Corporations	·	
SUBJECT:	Venturi Desig	n Studio LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
Maria El	ena Venturi		
	(Name of Person)	
Venturi I	Design Studio LLC		
	((Firm/Company)	OS A)
18151 r	ne 31 Ct #215		AUG AUG
		(Address)	8 CONT.
Aventur	a, FL 33160	101.0	PH 1: 29
	(City	/State and Zip Code)	: 29
For further information	on concerning this matter, please	call:	•
Maria Elena \	/enturi	at (305) 935-90	041
	me of Person)	(Area Code & Daytime To	
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fe	ce \$\sqrt{2}\$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)
State of 7 Country of	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns
		rument was ack	nowledged before me Venturi, who is
•	ha - 11 10 -	La care	ushum, who is
	personally travu	, TO ME,	1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	oany is:		
Venturi Design Studio LLC			
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address o	of the principal office of the Limited Liability Comp	any is	:
Principal Office Address:	Mailing Address:		
18151 ne 31 Ct #215	18151 ne 31 Ct #215		
Aventura, FL 33160	Aventura, FL 33160		
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	81 SUA	CRETARY O
		PH	P 57
Maria Elena Venturi		1: 29	<u> </u>
	Name	29	SHC
18151 ne	31 Ct #215		
Florida s	street address (P.O. Box <u>NOT</u> acceptable)		
Aventura	a, _{FL} 33160		
City	y, State, and Zip		
liability company at the place designa	and to accept service of process for the above stated ated in this certificate, I hereby accept the appointment capacity. I further agree to comply with the provision	nt as	

egistered 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 Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Maria Elena Venturi	
	18151 ne 31 Ct #215	
	Aventura, FL 33160	
	PUG	> =
		_ _
		PΗ
		29
(Use attachment if necessary)		_
CLE V: Effective date, if other than to	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days pr	ior
days after the date of filing.)		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	aber or an authorized representative of a member.	

Filing Fees:

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

that the facts stated herein are true.)

Maria Elena Venturi

Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)