

L06000104839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

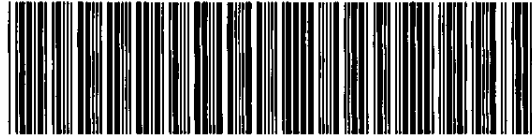
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06 OCT 27 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 OCT 27 PM 2:57

DEPARTMENT OF STATE  
REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SubVenture Alliance, LLC  
(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:

Jack E. Kiker, III

(Name of Person)

Williams, Gautier, Gwynn, DeLoach & Sorenson, P.A.

(Firm/Company)

Post Office Box 4128

(Address)

Tallahassee, Florida 32315

(City/State and Zip Code)

For further information concerning this matter, please call:

Jack E. Kiker, III

(Name of Person)

at ( 850 ) 386-3300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

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

**Street/Courier Address**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
SUBVENTURE ALLIANCE, LLC.**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"SubVenture Alliance, LLC"

**ARTICLE II — Address:**

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

18331 Pines Boulevard, #310  
Pembroke Pines, Florida 33029

**ARTICLE III — Registered Agent:**

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

R.R. Reynolds Marion  
9080 South County Road 231  
Lake Butler, Florida


**ARTICLE IV — Management:**

The Company is to be managed by a manager and is, therefore, a manager-managed company. The initial managing member shall be William K. Townsend.

**ARTICLE V — Limitation on Agency Authority of Members**

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization as the duly authorized managing member of the Company and acknowledged them to be my act this 26 day of October, 2006.

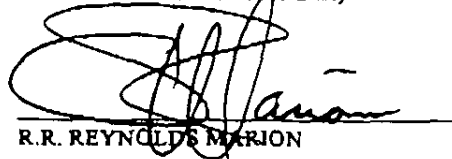
  
WILLIAM K. TOWNSEND

**FILED**  
06 OCT 27 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
R.R. REYNOLDS MARION

**Filing Fee:**      **\$100.00 for Articles of Organization**  
                         **\$ 25.00 for Designation of Registered Agent**