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RIDA/FOREIGN LIMITED LIABILITY CO.

WenVentures Financial LLC

Certificate of Status	0
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## FAX AUDIT # AN MOSCOOPES

## ARTICLES OF ORGANIZATION OF WenVentures Financial LLC

ARTICLE I

NAME

The name of the limited liability company shall be: WenVentures Financial LLC

**ARTICLE II** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 600 5th Avenue - 26th Floor, New York, New York 10020.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Carl-Friedrich Christian Wentzel, 6267 Bay Club Dr. #4, Fort Lauderdale, Florida 33308. Located in the County of Broward.

**ARTICLE IV** 

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Carl-Friedrich Christian Wentzel, 6267 Bay Club Dr. #4, Fort Lauderdale, Florida 33308

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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## FAX AUDIT # HOY NO 3020953

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: WenVentures Financial LLC

The name and address of the registered agent and office is Carl-Friedrich Christian Wentzel, 6267 Bay Club Dr. #4, Fort Lauderdale, Florida 33308. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

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Date: 12/21/06

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

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