(Re	equestor's Name)	
(Ad	ldress)	
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DA)	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
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PICK-UP	☐ WAIT	MAIL
/Pu	siness Entity Nan	na)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SURJECT. C2 Cap	pital Ventures, LLC		
56262611		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	•
Melissa C	arpenter		
		Name of Person)	
	((Firm/Company)	D
13250 Sil	ver Thorn Loop	# 8	O NESS
-		(Address)	Z 25
North For	t Myers, FL 339	03	OT JAN -2 PH 3:
	(City	/State and Zip Code)	PH
For further information of	concerning this matter, please	call:	OT JAN -2 PH 3: 43
Melissa Carpen	iter	at (239) 357-5084	
(Name	of Person)	(Area Code & Daytime Telephone Numbe	r)
Enclosed is a check fo	r the following amount:		
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::
C2 Capital Ventures, LLC	"
(Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liabilit	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
13250 Silver Thorn Loop # 8 North Fort Myers, FL 33903	13250 Silver Thorn Loop # 8 North Fort Myers, FL 33903
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Melissa Carpenter	registered agent are: EFFECTIVE DATE OLD 07
	-
13250 Silver Thorn Loc	
	ddress (P.O. Box <u>NOT</u> acceptable)
North Fort Myers	FL 33903
City, State,	, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and its istered agent as provided for in Chapter 608, F.S
Melism Ca	gente
Registered Agent's Sign	ature (REQUIRED)

(CONTINUED)
Page 1 of 2

Name and Address:
•
Melissa Carpenter
13250 Silver Thorn Loop # 8
North Fort Myers, FL 33903
Justin Carpenter
13250 Silver Thorn Loop #8
North Fort Myers, FL 33903
Justin Carpenter 13250 Silver Thorn Loop # 8 North Fort Myers, FL 33903
d to cell January 1 2007 (OPTEON)
the date of filing: <u>January 1, 2007</u> . (OPTIONA t be specific and cannot be more than five business day
. Do specific and thinker so more than 1100 2 15 15 15 15 15
in Carpenter
nber or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)