

LO7000072629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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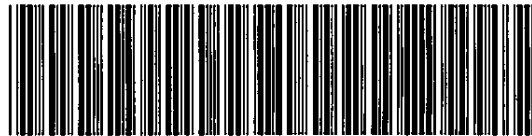
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 3, 2007

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

To Whom It May Concern:

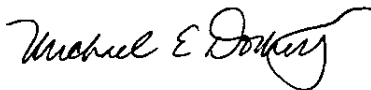
Please find enclosed a check for \$160 and the Articles of Organization for Florida Limited Liability Company for the following entity:

V2 Ventures, LLC

The name, address and phone number for the registered agent/contact person are:

Michael Docherty  
209 N.E. 5<sup>th</sup> Terrace  
Delray Beach, FL 33444  
561-272-0788

Sincerely,



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I—Name:**

The name of the Limited Liability Company is: V2 Ventures, LLC.

**ARTICLE II—Address:**

The mailing address and street address of the principal officer of the Limited Liability Company is: 209 N.E. 5<sup>th</sup> Terrace, Delray Beach, FL 33444.

**ARTICLE III—Registered Agent, Registered Office & Registered Agent's Signature:**

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

Michael Docherty  
209 N.E. 5<sup>th</sup> Terrace  
Delray Beach, FL 33444

*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 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

**ARTICLE IV—Management (Check box if applicable.)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative of a member.

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

Michael Docherty

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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