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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Positive Ventures LLC (Name of Limited Liabili	ty Company)	<u>.                                    </u>
The enclosed Articles of Organization and	fee(s) are submitted for filing.	•
Please return all corre	espondence concerning this matter to the following:	
Richard Vaughan		· 
	(Name of Person)	9
Positive Ventures LLC		OT OCT -3 PM 12: 09 SECRETARY OF STATE TALLAHASSEE
	(Firm/Company)	基 3 万
6001-21 Argyle Forest Blvd, Box 324		PA PA
	(Address)	E.S. S.
Jacksonville, FL 32244		
	(City/State and Zip Code)	•
For further information concerning this man	tter, please call:	
Richard Vaughan	at ( <u>904) 777-1926</u>	

Area Code & Daytime Phone

STREET ADDRESS

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399. MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Positive Ventures LLC	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6001-21 Argyle Forest Blvd.	6001-21 Argyle Forest Blvd
Jacksonville, FL 32244	Jacksonville, FL 32244
	Jacksonville, FL 32244
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	red Office, & Registered Agent's Signature: e registered agent are:
Richard Vaughan	
1	Name
464 Summit Drive	
Florida street address (	P.O. Box NOT acceptable)
Orange Park	FLORIDA 32073
City, St	ate, and Zip

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

Page 1 of 2 (CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Richard Vaughan 6001-21 Argyle Forest Blvd. Jacksonville, FL 32244	
MGRM	Jennifer Vaughan 6001-21 Argyle Forest Blvd. Jacksonville, FL 32244	OT OC)
		OF STATE
(Use attachment if necessary)		
NOTE: An additional article must be add	led if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member	or an authorized representative of a member.	
(In accordance with sec of this document constitution that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)	
Richard Vaughan	ped 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)