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DIVISION OF CORPORATION

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**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT: Venture-Guard Property Management, 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:
Steffen Aziz
(Name of Person)
Venture-Guard Property Management, LLC
(Firm/Company)
220 Crystal Grove Blvd.
(Address)
Lutz, FL 33548-6460
(City/State and Zip Code)
For further information concerning this matter, please call:
Steffen Aziz 477-3889
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

### ARTICLES OF ORGANIZATION

### **FOR**

### FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I · Name:

The name of the Limited Liability Company is:

Venture-Guard Property Management, LLC

### **ARTICLE II · Address:**

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

220 Crystal Grove Blvd.

Lutz, FL 33548-6460

ARTICLE III • Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name:

Steffen Aziz

Florida street address:

220 Crystal Grove Blvd.

City, State, and Zip:

Lutz, FL 33548-6460

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:

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee: Steffen Aziz

Section 10 5 Severability Standard for Interpretation. If it shall be determined by a court or other competent body that any provision or wording of this Agreement shall be invalid or unenforceable under state or other applicable law, such invalidity or unenforceability shall not invalidate the entire Agreement Whenever two or more interpretations of the provisions or wording of this Agreement shall be possible, the interpretation or construction which leads to the enforcement and validity of any provision of this Agreement shall be favored and deemed to be the intended interpretation of the parties to this Agreement.

### ATTACHMENT I

## MEMBER CAPITAL CONTRIBUTIONS AND REQUIRED SERVICES

# TABLE I - REQUIRED CAPITAL CONTRIBUTIONS

Member Name	Total Initial Capital Contribution	Cash Capital Contribution	Non-Cash Capital Contribution
STEFFEN AZIZ	\$100	\$100	

## TABLE II – REQUIRED SERVICES OF MEMBERS

Member Name	Required Service Time	Description of Services
STEFFEN AZIZ	No	General Management

IN WITNESS WHEREOF, the undersigned have duly executed this Operating Agreement as of the date first above written as members:

**MEMBER** 

STEFFEN AZIZ

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