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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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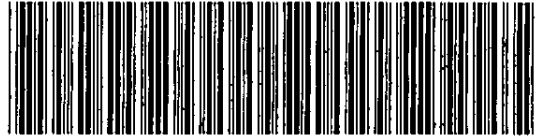
(Business Entity Name)

(Document Number)

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JUN 17 2008

EXAMINER

TRANSMITTAL LETTER

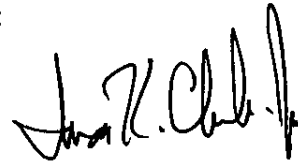
**TO: Registration Section
Division of Corporation**

SUBJECT: Stonebridge Ventures, 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:

IVAN K. CLEMENTS, JR., ESQUIRE
(Name of Person)



Ivan K. Clements, Jr., P.A.
(Firm/Company)

540 West New York Avenue
(Address)

DeLand, Florida 32720
(City/State and Zip Code)

For further information concerning this matter, please call:

Ivan K. Clements, Jr. at (386) 740-0037
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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STREET ADDRESS:
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

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**ARTICLES OF ORGANIZATION
FOR
STONEBRIDGE VENTURES, LLC**

THE UNDERSIGNED MANAGING MEMBERS, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, hereby files these Articles of Organization for STONEBRIDGE VENTURES, LLC.

ARTICLE I. Name

The name of the Limited Liability Company is STONEBRIDGE VENTURES, LLC.

ARTICLE II. Address

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

Principal Office Address:

141 E. Michigan Ave., Lake Helen, FL 32744

Mailing Address:

141 E. Michigan Ave., Lake Helen, FL 32744

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's
Signature**

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

Bryan S. Hardy, 141 E. Michigan Ave., Lake Helen, FL 32744

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

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obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

ARTICLE IV. Managing Member

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

Title:

Manager

Name and Address:

JOHN F. WELCH
245 W. Blue Springs Ave.
Orange City, FL 32763

Manager

BRYAN S. HARDY
141 E. Michigan Ave.
Lake Helen, FL 32744

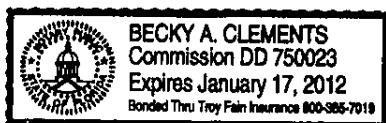
IN WITNESS WHEREOF, the undersigned, as Managing Member, has
executed the foregoing Articles of Organization on the 12th day of June, 2008.



JOHN F. WELCH, MGRM

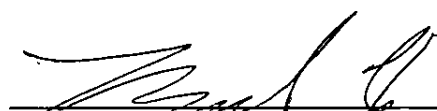
STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, a Notary Public, personally appeared JOHN F. WELCH, to me
known to be the person described as Managing Member and who executed the
foregoing Articles of Organization, and acknowledged before me that he subscribed to
these Articles of Incorporation on the 12th day of June, 2008.





Notary Public Signature



BRYAN S. HARDY, MGRM

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FLORIDA

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

BEFORE ME, a Notary Public, personally appeared JOHN F. WELCH, to me known to be the person described as Managing Member and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Incorporation on the 12th day of June, 2008.



Becky A. Clements
Notary Public Signature

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