L08000117738

(Re	equestor's Name)		
(Ad	ldress)	<u> </u>	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bü	siness Entity Nar	me)	
(Do	ocument Number)		
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2014 HAR TO PH 3: 02 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VENTURES EDGE LLC		
Name of Limit	ted Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are sub-	omitted for filing.	·
Please return all correspondence concerning this matter	r to the following:	
Michael Greenberg		
Name of Person		
Firm/Company		
6647 SW 65th Terr		
Address		
Miami FL 33143		
City/State and Zip Code		
sunbiz@jurislogix.com		
E-mail address: (to be used for future annual	report notification) .
For further information concerning this matter, please	call:	
Michael Greenberg	305 at ()	667-3002
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

authority	/ :	05.0302(1), Florida Statutes, this limited liability company submits the following s	tatement of	ı	
FIRST:	The name o	f the limited liability company is: VENTURES EDGE LLC		_	
SECON	D: The Flori	ida Document Number of the limited liability company is: L08000117738		_	
	: The street a	address of the limited liability company's principal office is: 65th Terr			
	Miami FL	. 33143			
			SECI	2014	
		g address of the limited liability company's principal office is: 65th Terr	AHASSEL	ZUTA HAR 10	- !
	Miami FL	. 33143		PM 3: 02	į
			ORID	ယ္	
position	of a person in on the followi		status or a specific		
		Granted to: Michael Greenberg			
	b.	No authority granted to:			
	2. May er	ter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: Michael Greenberg			
	a.	Granted to:			
	b.	No authority granted to:			
Signatur	e of authoriz	Michael Greenberg Ed représentative Typed or printed name of sign	nature		

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

STATEMENT OF AUTHORITY

CR2E138 (2/14)