## 10900000198

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:  L. SELLERS  JAN 2 2 2009			
EXAMINER			

Office Use Only



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EURCHASSEE FLOND.

## COVERLETTER

то:	Registration Division of C			
SUBJE	r <b>ct</b> ·	LILLEO V	ENTURES	
GODGI			mited Liability Company)	
The en	closed Articles	of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	spondence concerning this r	natter to the following:	
		STEVE	MARKEL	
		1	(Name of Person)	
		LILLEO	VENTURES	
		_	(Firm/Company)	
		5561	SHIRLEY	DRIVE
			(Address)	
		JUP ITER	FL 3 (City/State and Zip Code)	3 <i>45</i> 8
			(City/State and Zip Code)	
For fur	ther information	n concerning this matter, ple	ease call:	
_5		MARKEL	at (_56/)	662-9473 Daytime Telephone Number)
	(Nan	ne of Person)	(Area Code & I	Daytime Telephone Number)
Enclos	sed is a check	for the following amount	:	
<b>\$125</b> .	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	& \$155.00 Filing Fe Certified Copy (additional copy is e	Certificate of Status &
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildi	ection orporations ing ve Center Circle



January 7, 2009

STEVE MARKEL 5561 SHIRLEY DRIVE JUPITER, FL 33458

SUBJECT: LILLEO VENTURES, LLC

Ref. Number: W09000000582

We have received your document for LILLEO VENTURES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 6, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 309A00000486

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LILLEO VENTURES  (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5561 SHIRLEY DRIVE JUDITER, FL 33458	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	
STEVEN M	PARKEL
5561 SHIRL	
	ess (P.O. Box <u>NOT</u> acceptable)
City, State, and	FL 33458 d Zip
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	Marhel AN To (REQUIRED)
(CONTINU Page 1 of 2	ED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:				
"MGR" = Manager "MGRM" = Managing Member					
MGRIVI — Managing Member	STORED MARKET				
11012	556 SHIRLEY DRIVE				
	STEVEN MARKEL 5561 SHIRLEY DRIVE JUPITER, FL 33458				
<del></del>					
44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the	date of filing: JANUARY 2009 (OPTIONAL)				
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	e specific and cannot be more than five business days prio				
REQUIRED SIGNATURE:	G mlul				
A.	Hus & Merl				
Signature of a membe	r or an authorized representative of a member.				
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury erein are true.)				
S TEVEN Ty	ped or printed name of signee				
	ped or printed name of signee				
Filing Fees:					
\$125.00 Filing Fee for Articles of Organ	nization and Designation				
of Registered Agent	FT: 25 11				
\$ 30.00 Certified Copy (Optional)	元 <b>元 元</b> ラ				
\$ 5.00 Certificate of Status (Optional)					