L090000008015

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

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300141709603

Effective Date 01/27/09

01/23/09--01014--015 **160.00

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS

J. BRYAN JAN 2 6 2009

EXAMINER



[°] COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Cr. Success Venture Capita	LLC				
(Name of Limited Liability Company)						
The en	closed Articles of Organization and fee(s) are	submitted for fili	ng.			
	return all correspondence concerning this matt					
	Lizbeth Potts, Esquire					
		(Name of Person)			9	
	Lizbeth Potts & Associates,	PA			09 JAN 23 PH 2: 20	
		(Firm/Company)	<u></u>		သ ကွ	
	9812 North 56th Street				PH 2	
•		(Address)			20	
	Tampa, FL 33617					
	(City	y/State and Zip Co	de)			
For furt	her information concerning this matter, please	call:				
Lizbe	eth Potts	_{at (} 813	988.9	190	_	
	(Name of Person)	(Area Co	de & Daytime	Telephone Number)		
Enclos	ed is a check for the following amount:					
□\$125.0	00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co		\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addression Section of Corporati Building Recutive Centerssee, FL 3230	ons er Circle		



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<u></u>					
The name of the Limited Liability Company is:	99					
Success Venture Capital LLC	DAY 22					
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address:	2 22					
	incipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
10540 Greencrest Drive	12157 West Linebaugh Avenue PMB 380					
Tampa, FL 33626	Tampa, FL 33626					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another					
The name and the Florida street address of the re	egistered agent are: Effective Date $01/27/09$					
Patrick Daniels	·					
Name						
10540 Greencrest Drive						
Florida street address (P.O. Box NOT acceptable)						
Tampa,	FL 33626					
City, State, a	nd Zip					
liability company at the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as 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 (REQUIRED)

(CONTINUED) Page 1 of 2



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

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

Title:	Name and Address:	
"MGR" = Manager		9
"MGRM" = Managing Member		09 JAN 23
		<u> </u>
MGRM	Patrick Daniels	至 557
	10540 Greencrest Drive	
	Tampa, FL 33626	5000
		PA POS
MGRM	R. Frank Jerd	2: 20
	425 Beach Road PHO	<u>2</u>
	Tequesta, FL 33469	······································
MOD		
MGR	Debra Daniels	
	10540 Greencrest Drive	
	Tampa, FL 33626	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 27, 2009 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Jatair J. J.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)