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(Re	equestor's Name)	_
(Ad	dress)	
(Ad	ldress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL,
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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B. KOHR

FEB - 2 2009

EXAMINER

COVER LETTER •

Division of Co			
_{suriect} . VanSi	ng Ventures LLC		
SOBJECT.		ed Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	,
Please return all corresp	oondence concerning this matt	er to the following:	
Stephanie	· Van Vark		
		(Name of Person)	
		(Firm/Company)	
201 NW 7	Street #108		2 09
		(Address)	皇中
Miami, Flo	orida 33136		129 LE
	(Cit	y/State and Zip Code)	是是
For further information	concerning this matter, please	e call:	JAN 29 AM 10: 15
Stephanie Var	n Vark	at (305) 710-221	
(Name	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
VanSing Ventures LLC (Must end with the words "Limited Liabilit	v Company "L.L.C." or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
201 NW 7 Street #108 Miami, Florida 33136 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
James D. Bryant, III	
Name	ess (P.O. Box NOT acceptable) FL d Zip
13621 Madison St	
Florida street addr	ess (P.O. Box NOT acceptable)
Miami, Florida 33176	FL ES 9
City, State, an	d Zip
liability company at the place designated in th	ccept 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 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
James D. Bryant, III-MGRM	13621 Madison St
	Miami, Florida 33176
Sumitra Singal-MGRM	14561 Pierce St
	Miami, Florida 33176
Willem VanVark-MGRM	201 NW 7 Street #108
	Miami, Florida 33136
Stephanie Van Vark-MGRM	201 NW 7 Street #108
	Miami, Florida 33136
(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business d
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member.
(In accordance wit	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

James D. Bryant, III

that the facts stated herein are true.)

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)