

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633~9696

O DEALER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ventuno03, llc

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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PAGE 01/03

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ARTICLES OF ORGANIZATION

OF

Ventuno03, LLC

ARTICLE I - Name

The name of the Company is: Venturio03, LLC.

ARTICLE II - Address

The mailing and street address of the company's principal office is:

119 Washington Avenue Suite 101 Miami Beach, Florida 33139

ARTICLE III - Duration

Unless otherwise provided in the Company's Operating Agreement, the duration of the Company shall be perpenual.

ARTICLE IV - Management

The Company shall be a manager-managed Company.

ARTICLE V - Effective Date

The effective date of formation of the Company is February 13, 2009.

IN WITNESS WHEREOF, the undersigned representative of the Members has executed these Articles of

Organization this February 13, 2009.

Norman S. Weider, Esq.

Preparer:

Norman S. Weider, Esq. 100 S.B. 2d Street, #3500

Miami, FL 33131

Phone; (303) 371-6338 - Florida Bar No. 150388

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Ventuno03, LLC.
- 2. The name and address of the registered agent and office is:

Norman S. Weider, Esq. 100 SE 2nd Street, Suite 3500 Miami, Fl 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

NORMAN'S WEIDER

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