

LO9000021338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

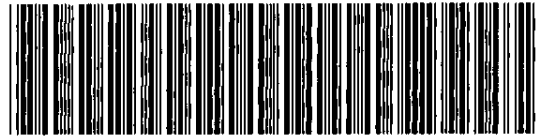
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 MAR -4 PM 3:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR - 4 2009
EXAMINER

FILED
09 MAR -4 PM 3:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH
DATE: 03-04-2009
REF. #: 001207.101073
CORP. NAME: ARUTH VENTURES, LLC

FILED
09 MAR -4 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 529 506 BA297123 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

These Articles of Organization of ARUTH VENTURES, LLC (the "Limited Liability Company"), dated as of March 4, 2009, is being duly executed and filed by Elizabeth Ann Agostini as an authorized representative, to form a limited liability company under the Florida Limited Liability Company Act (Chapter 608, Florida Statutes).

ARTICLE I

The name of the Limited Liability Company is ARuth Ventures, LLC.

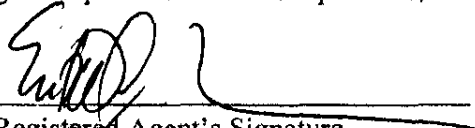
ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is 212 Putnam Road, New Canaan, CT. 06840

ARTICLE III

The name and the Florida street address of the registered agent are Incorp Services, Inc., 17888 67th Court North, Loxahatchee, FL 33470.

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 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.



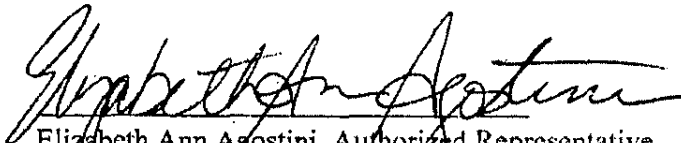
Registered Agent's Signature
Eric Wolz, Assistant Secretary

ARTICLE IV

The name and address of each Manager is as follows:

<u>Manager</u>	<u>Address</u>
Ruth J. Magill	212 Putnam Road, New Canaan, CT
John A. Magill	212 Putnam Road, New Canaan, CT
Christine E. Brill	10 Peacock Lane, Upper Brookville, NY
Robert M. Brill	10 Peacock Lane, Upper Brookville, NY 11545

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the date first above written.



Elizabeth Ann Agostini, Authorized Representative

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