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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | iling Officer: | | | |
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MENARTHUN OF STATE ONVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

09 JUL -7 PH 4: 15 SECRETARY OF STAT

T. HAMPTON

Jill - 7 2009

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of | Corporations | | |
|-----------------------------|--|--|-----|
| SUBJECT: | | Businėss Ventures, LLC | |
| | Name of Limi | ted Liability Company | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | |
| Please return all corr | respondence concerning this ma | tter to the following: | |
| | | Kelly O'Neal | |
| - | | Name of Person | |
| | Floridian E | Business Ventures, LLC | |
| | | Firm/Company | |
| | 108 S. M | onroe St. Suite 200 | |
| | | Address | |
| | Talla | hassee, FL 32301 | |
| | Ci | ty/State and Zip Code | |
| | kelly | o@flapartners.com for future annual report notification) | |
| For further informati | on concerning this matter, pleas | • | |
| | (elly O'Neal | at (850) 681-0024 | |
| Na | me of Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check | k for the following amount: | | |
| ∑ \$125.00 Filing Fe | e . \$\int\\$130.00 \text{ Filing Fee & Certificate of Status} | S155.00 Filing Fee & S160.00 Filing Fee Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed) | s & |
| | Mailing Address Registration Section | Street/Courier Address Registration Section | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| Floridian Business V | |
| (Must end with the words "Limited Liability | y Company, "L.E.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: |
| 108 S. Monroe Street Suite 200 | 108 S. Monroe Street Suite 200 |
| Tallahassee, FL 32301 | Tallahassee, FL 32301 |
| 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 registration. | red Agent. You must designate an individual or another |
| Charles F. E | Dudley |
| Name | |
| 108 S. Monroe S | t. Suite 200 |
| Florida street address (P.O. E | Box NOT acceptable) |
| Tallahassee, FL 32301 | FL |
| City, State, and | ł Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per | 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 formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S |

(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: "MGR" = Manager "MGRM" = Managing Member MGR Charles F. Dudley 108 S. Monroe St. Suite 200 Tallahassee, FL 32301 MGR Brian E. May 108 S. Monroe St. Suite 200 Tallahassee, FL 32301 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Use attachment if necessary) CLE V: Effective date is listed, the date must be specific and cannot be more than five business days of 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.) Charles F. Dudley Typed or printed name of signee | | č | 8 8 | |
|---|--|---|--|---------------------------------|
| 108 S. Monroe St. Suite 200 Tallahassee, FL 32301 | "MGR" = Manag | | Name and Address: | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | MGR | _ | 108 S. Monroe St. Suite 200 | |
| CLE V: Effective date, if other than the date of filing: | MGR | | 108 S. Monroe St. Suite 200 | |
| CLE V: Effective date, if other than the date of filing: | | _ | | |
| CLE V: Effective date, if other than the date of filing: | (Log ottochusert | : : | | |
| 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.) Charles F. Dudley Typed or printed name of signee | CLE V: Effective of contractions of the contraction | date, if other than the dat ted, the date must be sp | e of filing: July 6, 2009 secific and cannot be more than five | (OPTIONAL) e business days p |
| (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.) Charles F. Dudley Typed or printed name of signee | • | GNATURE; | lus of Ovelly an authorized representative of a member | oer. |
| Typed or printed name of signee | | (In accordance with section of this document constitute | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of per | n |
| F10 F | | | | _ |
| | · Filing Fees: | | or printed name of signee | |

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE