

LD9000068499

(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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JUL 16 2009

EXAMINER



400158455284

07/15/09--01024--017 **155.00

SECRETARY
DIVISION
09 JUL 15 AM 6:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: F.O.G. Ventures, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Touchstone

Name of Person

Strategic Corporate Services Plus, Inc

Firm/Company

1500 Ave F. Suite 3

Address

Ely, NV 89301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Touchstone

Name of Person

at (**866**) **310-7269**

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F.O.G. Ventures, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1102 Melville Avenue
Lakeland, FL 33805

Mailing Address:

P.O. Box 1846
Lakeland, FL 33802-1846

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lillie Brown

Name

1102 Melville Avenue

Florida street address (P.O. Box **NOT** acceptable)

Lakeland FL

City, State, and Zip

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..

Lillie Brown

Registered Agent's Signature (REQUIRED)

09 JUL 15 AM 6:37

FILED
SECRETARY
DIVISION OF CORP.
STATE OF FLORIDA

(CONTINUED)

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

Name and Address:

MGRM

Lillie Brown

1102 Melville Avenue


Lakeland, FL 33805

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Lillie Brown

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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Principal Office Address:

1102 Melville Avenue

Lakeland, FL 33805

Mailing Address:

P.O. Box 1846

Lakeland, FL 33802-1846

ARTICLE III - Registered Agent, Registered Office, & Register:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate a business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lillie Brown

Name

1102 Melville Avenue

Florida street address (P.O. Box **NOT** acceptable)

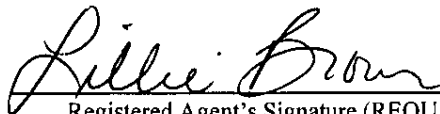
Lakeland

FL

City, State, and Zip

*Please Note
Mailing
Address*

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

MGRM

Lillie Brown

1102 Melbille Avenue

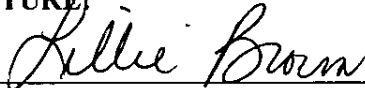
Lakeland, FL 33805

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of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)