# 1200018499

· (Requestor's Name)	
(Address)	<del></del>
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	

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G. MCLEOD

JUL 16 2009

**EXAMINER** 



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# **COVER LETTER**

	on Section f Corporations		
SUBJECT:	F.O	.G. Ventures, LLC	
		ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Pat	ricia Touchstone	
		Name of Person	
	Strategic Co	rporate Services Plus	, Inc
		Firm/Company	
<u></u>	150	0 Ave F. Suite 3	
		Address	
	1	Ely, NV 89301	
· · · · · · · · · · · · · · · · · · ·	Ci	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notifica	ation)
For further informat	ion concerning this matter, pleas	se call:	
	icia Touchstone	at (866)	310-7269 ne Telephone Number
Enclosed is a chec	k for the following amount:  ee \$\int\$\$\\$130.00\$ Filing Fee &  Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ac Registration Section Division of Corpon Clifton Building 2661 Executive C Tallahassee, FL 33	on orations enter Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company i	s:		
	F.O.G. Ventu	ures, LLC		
(Mus	t end with the words "Limited Lial	bility Company," "L.L.C.," or "LLC.")		
ARTICLE II - Add	lress:			
The mailing address	and street address of the	principal office of the Limited Lia	ability Company	/ is:
Principal Office Ad	ldress:	Mailing Address:		
1102 Melbille Avel Lakeland, FL 3380		P.O. Box 1846 Lake Land, PL 33	<u>802-18</u> 46	
(The Limited Liability Conbusiness entity with an ac	npany cannot serve as its own Reg tive Florida registration.)		Signature: dual or another	SECRETA DIVISION OF
-	Lillie t	Brown	<b>5</b> 1	9
		ille Avenue	e e	7
-	Florida street address (P.		 ü	
	Lakeland	El		
-	City, State,	and Zip		,
liability company registered agent and statutes relating to	y at the place designated in d agree to act in this capac o the proper and complete p	o accept service of process for the conthis certificate, I hereby accept the ity. I further agree to comply with performance of my duties, and I amongistered agent as provided for in Ci	e appointment as the provisions o n familiar with a	s f all nd

(CONTINUED)

Registered Agent Signature (REQUIRED)

# 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:

Tuse attachment if necessary)  LEV: Effective date, if other than the date of filing:  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  [Coption of signature of a member of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]	"MGR" = Mana	ıger	Name and Address:
Tuse attachment if necessary)  LEV: Effective date, if other than the date of filing:  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  [Coption of signature of a member of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]  [Coption of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.]	"MGRM" = Ma	naging Member	
Lakeland, FL 33805  [Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGRM		Lillie Brown
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			1102 Melbille Avenue
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			Lakeland, FL 33805
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
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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		t if necessary)	
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	Use attachment	t it necessary)	
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	LE V: Effective	e date, if other than the da	ate of filing: (OPTION
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	LE V: Effective fective date is li	e date, if other than the da	ate of filing: (OPTION specific and cannot be more than five business da
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Typed or printed name of signee	LE V: Effective fective date is lid days after the d	e date, if other than the datisted, the date must be state of filing.)  IGNATURE:	i Rom
** *	LE V: Effective fective date is lid days after the d	e date, if other than the datisted, the date must be state of filing.)  IGNATURE:  Signature of a member of this document constitution.	or an authorized representative of a member.  Solution 608.408(3), Florida Statutes, the execution and affirmation under the penalties of perjury
Filing Fees:	LE V: Effective fective date is lid days after the d	e date, if other than the datested, the date must be state of filing.)  IGNATURE:  Signature of a member of this document constitution that the facts stated herein	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution are true.)  Lillie Brown

\$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

	F.O.G. Ventur	es, LLC
(Must end with	the words 'Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:		Mailing Address:
1102 Melbille Avenue Lakeland, FL 33805		P.O. BOX 1846  La Keland, FL 33802-1846  Office, & Register leved Agent. You must desi  Mailing
		Maria 1111
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Flori	d Agent, Registered mot serve as its own Regist da registration.)	Office, & Register ered Agent. You must desi
(The Limited Liability Company car		// <i>// X</i> /
(The Limited Liability Company car business entity with an active Flori		egistered agent are: Hdd7css
(The Limited Liability Company car business entity with an active Flori	treet address of the r	egistered agent are: Hdd7css
(The Limited Liability Company car business entity with an active Flori	treet address of the r Lillie Br	egistered agent are: Address
(The Limited Liability Company car business entity with an active Flori  The name and the Florida s	treet address of the r  Lillie Br  Name	egistered agent are: HeldTess  own  e Avenue
(The Limited Liability Company car business entity with an active Flori  The name and the Florida s	treet address of the r Lillie Br Name 1102 Melbille	egistered agent are: HeldTess  own  e Avenue

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 (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:

	-	Name and Address:
'MGR" = Manager 'MGRM" = Manag		
•	, 0	
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)