

LU900000 79446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

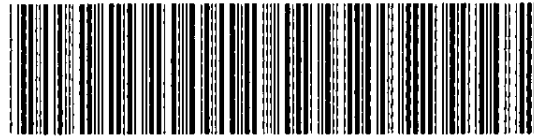
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

0090000028064

Office Use Only



900159634179

08/19/09--01002--006 \*\*125.00

RECEIVED  
09 AUG 18 PM 3:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 AUG 18 PM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
AUG 20 2009  
EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 08-18-2009

REF. #: 000150.109198

CORP. NAME: VENTURES FOUR WEST COAST, LLC

FILED  
09 AUG 18 PM 8:15  
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# 531403 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 type="checkbox"/> CERTIFICATE OF STATUS |   |

☒ PLAIN STAMPED COPY

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
VENTURES FOUR WEST COAST, LLC

ARTICLE I - Name

The name of the Limited Liability Company is VENTURES FOUR WEST COAST, LLC (the "Company").

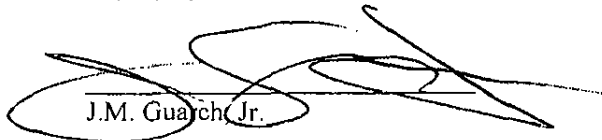
ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 1200 Ponce de Leon Boulevard, 2<sup>nd</sup> Floor, Coral Gables, Florida 33134.

ARTICLE III - Registered Agent and Registered Agent's Office

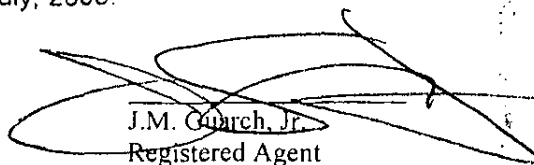
The street address of the Company's initial registered office is 255 University Drive, Coral Gables, Florida 33134, and the name of its initial registered agent at such office is J.M. Guarch, Jr.

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. Dated this 13<sup>th</sup> day of July, 2009.

  
J.M. Guarch, Jr.

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 13<sup>th</sup> day of July, 2009.

  
J.M. Guarch, Jr.  
Registered Agent

FILED  
09 AUG 18 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
09 AUG 18 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA