

L09000079930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

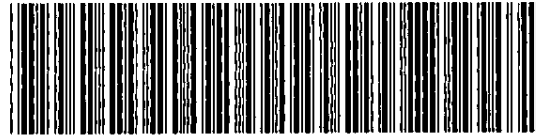
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800159389808

08/20/09--01001--006 **125.00

RECEIVED
09 AUG 19 PM 2:44
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 AUG 19 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 19 2009

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH
DATE: 08/19/09
REF. #: 000150.109226
CORP. NAME: VENTURES NINE WEST COAST, LLC

FILED
09 AUG 19 PM 4:35
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# 531431 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
OF
VENTURES NINE WEST COAST, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is VENTURES NINE 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, 2nd 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., Esq.

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 13th day of August, 2009.


J.M. Guarch, Jr., Esq.

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 19th day of August, 2009.


J.M. Guarch, Jr., Esq.
Registered Agent

FILED
09 AUG 19 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA