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PATRICK F. SPRAGUE, P.A. ATTORNEY AND COUNSELOR AT LAW

PATRICK F. SPRAGUE, ESQ. E.mail: pfsprague@gmail.com

1419 W. Waters Ave., Suite 116 TAMPA, FL 33604

PH. (813) 932-4725 Fax (813) 933-4353

November 5, 2009

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

LLC Filings Office:

I enclose an original and 1 copy of the proposed Articles of Organization for JILL Venture Investments a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation and a certified copy of the Articles of Organization to our address as indicated on this letterhead.

Payment for the required fees is enclosed.

Sincerely,

Patrick F. Sprágue

PFS/Im Encl.

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Badan National Communication of American Association (Europe Special Communication) and the second of the second o

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:		nture Investments, LLC	D
		Name of Limi	ited Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this ma	tter to the following:	
		Patrio	ck F. Sprague, Esq.	
			Name of Person	7A1
		Patric	k F. Sprague, P. A.	200 3
			Firm/Company	N-9
		1419 W. V	Waters Ave, Suite 116	2009 NOV -9 PH
			Address	2: 36 STATE FLORIDA
,			ampa, FL 33604 ity/State and Zip Code	जुल क
			rague@gmail.com	
-		E-mail address: (to be used	for future annual report notification)	
For fur	ther information	concerning this matter, pleas	se call:	
	Patrick F.	Sprague, Esq.	at (813) Area Code & Daytime Tel	932-4725
	Name	of Person	Area Code & Daytime Tel	lephone Number
Enclos	ed is a check for	or the following amount:		
]\$125.·	00 Filing Fce	\$130.00 Filing Fee & Certificate of Status	S155.00 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	Street/Courier Address Registration Section Division of Corporation Clifton Building	-
		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF O	RGANIZATIO	N FOR FI	ORIDA LIMI	TED LIABI	LITYCOMBANY
ARTICLE I - Nam					HASE -9
The name of the Lir		ompany is:			SEE P
	,				70 2
	111 1 1 1 1				2: 36
(Mus	St end with the words "	Ire Inves	tments, LLC	C.," or "LLC.")	<u> </u>
(.,,,	,,	
The mailing address		ss of the pr	incipal office of	the Limited	Liability Company is:
Principal Office Ac	ddress:		Mailing Addı	ess:	
6857 N. Dale mab	orv				
Tampa, FL 33614	•				
					
ARTICLE III - Re (The Limited Liability Corbusiness entity with an action of the name and the F	mpany cannot serve as ctive Florida registratio	its own Regist on.)	tered Agent. You mus	t designate an in	
	Patr	ick F. Spr	ague, Esq.		
•		Name			
	1419 W	. Waters /	Ave, Suite 116		
	Florida street a	address (P.O.	Box NOT acceptal	ole)	
	Tampa, FL	33604	FL		
-	(City, State, a	nd Zip		
liability compan registered agent and statutes relating to	y at the place desi d agree to act in to o the proper and c	ignated in t his capacity complete pe	his certificate, I h v. I further agree rformance of my	nereby accept to comply w duties, and I	he above stated limited t the appointment as with the provisions of all am familiar with and n Chapter 608, F.S.
	/acid	Cho	eager		
	Registered Ag	gent's Signat	ure (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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	7 %
	Juan Illas Programme Total Tot
MGRM	Juan Illas
	13618 Lytton vyay 55 1
	Tampa, FL 53024-2539
MGRM	Silvio Louis Llovio
	ZUUb B Beach Trail
	Indian Rocks Beach, FL 33785-296
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	e date of filing: . (OPTIONAL)
n effective date is listed, the date must h	be specific and cannot be more than five business days prior
90 days after the date of filing.)	A 1
REQUIRED SIGNATURE: \	
,,	RAPI/
Signature of a member	coran authorized representative of a member.
7	ction 608.408(3), Florida Statutes, the execution
of this document cons that the facts stated he	stitutes an affirmation under the penalties of perjury
	Silvio Louis Llovio
•	yped 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)