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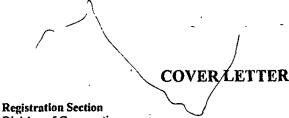
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FEB 1-9 2010

EXAMINER



TO:

**Division of Corporations** Panoptic Ventures, LLC SUBJECT: 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: Todd Felege Name of Person Firm/Company 882 Boeing Street NE Address Palm Bay, Florida 32907 City/State and Zip Code rodan\_one@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Felege Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fee ▼\$130.00 Filing Fee & \$155.00 Filing Fce & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Mniling 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

Certified Copy (additional copy is enclosed)

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is: 7	
Panor (Must end with the words	otic Ventures, LLC "Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street addr	ess of the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
882 Boeing Street NE	882 Boeing Street NE	
Palm Bay, FL 32907	Palm Bay, FL 32907	
The name and the Florida street add		2010 FEB SECKLI TALL ARD
	Name	
88	82 Boeing Street NE	
Florida street	address (P.O. Box NOT acceptable)	10 400
Palm Bay, F	FL 32907 FL	22 :
	City, State, and Zip	
liability company at the place des registered agent and agree to act in statutes relating to the proper and accept the obligations of my posi	gent and to accept service of process for the a signated in this certificate, I hereby accept th this capacity. I further agree to comply with complete performance of my duties, and I an ition as registered agent as provided for in C	te appointment as the provisions of all in familiar with and

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managi		
MGRM	Todd Felege	
<del></del>	882 Boeing Street NE	
	Palm Bay, FI 32907	
MGRM	Jason Gerke	
	2483 Colony Drive	
	Melbourne, FL 32935	
MGRM	Ross Hines	
	417 Birchington Lane	
	Melbourne, Fl. 32940	
MGRM	Richard LeClair, Jr.	
	4115 Millicent Circle	
(Use attachment if n	Melbourne, FL 32901	
	e, if other than the date of filing: Date of Filing (OPTION I, the date must be specific and cannot be more than five business date.	
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ffective date is listed, days after the date of REQUIRED SIGNA		PER PAR
ffective date is listed, ) days after the date of  REQUIRED SIGNA  Sig  (In of	ATURE:	STORE BATTON

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)