

L10000036008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

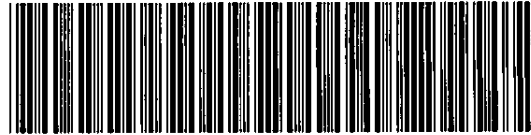
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600172975696

04/02/10--01031--005 **125.00

RECEIVED

10 APR - 2 AM 11:52

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR - 2 2010

EXAMINER

10 APR - 2 PM 2:24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VIKEN VENTURES MANAGEMENT

COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -2 PM 2:24

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☒ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: SETH

04/01/10 11:00

Name

Date

Time

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION

FOR

VIKEN VENTURES MANAGEMENT COMPANY, LLC

A FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -2 PM 2:24

ARTICLE I-Name:

The name of the Limited Liability Company is:

VIKEN VENTURES MANAGEMENT COMPANY, LLC

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**11111 North 46th Street
Tampa, Florida 33617**

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

**KEVIN GOVIN
11111 North 46th Street
Tampa, Florida 33617**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.



KEVIN GOVIN, Registered Agent

ARTICLE IV-Managing Members:

The name and address of each Managing Member is as follows:

Title:

MGRM

MGRM

Name and Address:

KEVIN A. GOVIN
302 Royal Palm Way
Tampa, Florida 33609

R. MARK GOVIN
18015 Kings Park Drive
Tampa, Florida 33647

ARTICLE V-Effective Date:

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.



R. MARK GOVIN, Organizer

KEVIN GOVIN, Organizer