# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

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### FLORIDA LIMITED LIABILITY CO.

No Nonsense Ventures LLC

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

A1a Incorporation

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### ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

NO NONSENSE VENTURES LLC

#### ARTICLE II **ADDRESS**

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

2663 UPPER PARK ROAD ORLANDO, FLORIDA 32814

### ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MICHAEL WRIGHT 2663 UPPER PARK ROAD ORLANDO, FLORIDA 32814

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

MICHAEL WRIGHT edistered Agent's signature

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PAGE 2

NO NONSENSE VENTURES LLC

### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

## ARTICLE V MEMBERS (optional)

MANAGING MEMBER LILLIE WRIGHT 2663 UPPER PARK ROAD ORLANDO, FLORIDA 32814

MANAGING MEMBER SEAN WRIGHT 2663 UPPER PARK ROAD ORLANDO, FLORIDA 32814

Signature of a member or an authorized representative of a member (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.

LILLIE WRIGHT