

L10000055577



**VAN MIDDLESWORTH
AND COMPANY, P.A.**

certified public accountants
678 Fourth Street North
St. Petersburg, Florida 33701

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

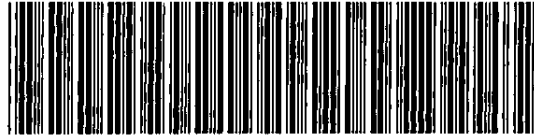
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WI-16596

J. BRYAN

MAY 24 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2010

ANTHONY TREY TRAVIESA
5550 W. EXECUTIVE DRIVE, SUITE #550
TAMPA, FL 33609

SUBJECT: MOTIVE VENTURE STRATEGIES, LLC
Ref. Number: W10000016596

We have received your document for MOTIVE VENTURE STRATEGIES, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$75.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00011938

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Motive Venture Strategies, LLC

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:

Anthony T. Traviesa

Name of Person

Motive Venture Strategies, LLC

Firm/Company

5550 W. Executive Drive, Suite #550

Address

Tampa, FL 33609

City/State and Zip Code

attraviesa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy VanMiddlesworth, CPA

Name of Person

at (727) 821-2006

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Motive Venture Strategies, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5550 W. Executive Drive

Suite #550

Tampa, FL 33609

Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Guy VanMiddlesworth, CPA

Name

678 Fourth Street North

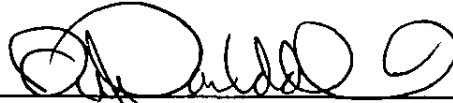
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FL 33701

City, State, and Zip

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



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Anthony T. Traviesa

5550 W. Executive Drive, Suite #550

Tampa, FL 33609

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Anthony T. Traviesa

Typed 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)