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(Requestor's Name)			
(Address)			
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(
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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MAY 24 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2010

PABLO PALATNIK 20630 BISCAYNE BLVD. AVENTURA, FL 33180

SUBJECT: ECOM VENTURES, LLC

Ref. Number: W10000022581

We have received your document for ECOM VENTURES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608;406, Elorida Statutes, was amended effective July 1, 2007, to require the name of all limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and energy partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P07000113583.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 010A00011668

COVER LETTER

TO: Registration Division of C			
SUBJECT: CO	n Ventures LL	c	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Pablo Pale	Name of Person	
eC	on Verties, LLC	2	
	, , , , , , , , , , , , , , , , , , ,	Firm/Company	2010 SE FAL
	20630 BISCO	ayre Blud	CRE AY
		Address	ASSE
	Aventura, FL	33180	Y 21 PM
	pabsies@aol	ty/State and Zip Code for future annual report notification)	2010 MAY 21 PH 12: 09 SECRETARY OF STATE FALLAHASSEE. FLORIC
			<u>⇒</u>
For further information	concerning this matter, pleas	e call:	
Pablo F	of Person	at (786) 704 6 Area Code & Daytime Telep	774 phone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	írcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hopy elon Ventures, LLC (Must end with the words "Limited I	,
(Must end with the words "Limited I	_iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20630 Biscayne Blud. Aventura, FC 33180	Mailing Address: 20630 BISCAINE BLATE Aventura, FL 33/80 SA
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	he registered agent are:
Pablo Pa	a Latril
3375 N. Canter Florida street	a address (P.O. Box <u>NOT</u> acceptable)
<u>Aventina</u> City	FL 33 180 y, State, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and registered agent ar provided for in Chapter 608, F.S
Registered Agent's Si	ignature (REQUIRED)

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

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)