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10 JUL -1 PM 12: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Neil JUL 1 - 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Venture Professional Group, 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:

Luciana Alexandra Venture

Name of Person

Venture Professional Group

Firm/Company

7639 Brook Forest Place

Address

Pensacola Florida 32514

City/State and Zip Code

vpg2020@gmail.com

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

For further information concerning this matter, please call:

Luciana Venture

Name of Person

at ( 850 ) 287-5194

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2010

LUCIANA ALEXANDRA VENTURE  
7639 BROOK FOREST PLACE  
PENSACOLA, FL 32514

SUBJECT: VENTURE PROFESSIONAL GROUP, LLC  
Ref. Number: W10000024264

We have received your document for VENTURE PROFESSIONAL GROUP, 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):

You must complete ARTICLE III REGISTERED AGENT/OFFICE and that person must sign.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 410A00012576

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VENTURE PROFESSIONAL GROUP, 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:**

**Mailing Address:**

7639 BROOK FOREST PLACE  
PENSACOLA, FL 32514

7639 BROOK FOREST PL  
PENSACOLA FL 32514

**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:

CURTISS LEE KNOWLES

Name

4760 CONNOR DRIVE

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

CRESTVIEW FL 32539

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

*Curtiss Lee Knowles*

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

DARRELL VENTURE  
7639 BROOK FOREST PL  
PENSACOLA, FL 32514

MGRM

LUCIANA VENTURE  
7639 BROOK FOREST PL  
PENSACOLA, FL 32514

~~\_\_\_\_\_  
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\_\_\_\_\_~~

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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:**

*Luciana Venture*  
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.)

LUCIANA A. VENTURE  
Typed or printed name of signee

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10 JUL -1 PM 12: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)