L10000100504

(Requestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Pho	ne #)		
PICK-UP WAIT	MAIL		
(Business Entity N	ame)		
(Document Number)			
Certified Copies Certificate	es of Status		
Special Instructions to Filing Officer:			

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SECRETARY UPSIAN

TALLABASSEF, FLORII

J. BRYAN

SEP 27 2010

EXAMINER

COVER LETTER

TO: Registration Division of	1 Section Corporations		
SUBJECT: 7	NOE NIX VENTI	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
Ric	o Zshuson		
		Name of Person	ALL SE
		Firm/Company	27
928	Chestwood AVE	9	SEE
	Chestwood AVE	Address	PM 4: 00
	MANASSER, F	1. 32303	FLORID.
		ty/State and Zip Code L - co for future annual report notification)	
For further informatio	n concerning this matter, pleas	e call:	
	•	,	
Nam	e of Person	_at () Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount:		
Ø\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	



ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	,
The name of the Limited Liability Compar	ny is:
PhoENIX VENTURE (Must end with the words "Limited	S 2010 LLC I Liability Company. "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
928 Ches two Ave. THIALASSEE, FI. 32303	
THIMASSEE, FL. 32303	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another

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

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

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..

Agent's Signature (REQUIRED)

(CONTINUED)

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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:**

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Signature of a member or in 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

Typed or printed name of signee

derices V. Johnson