211000039896

(Requestor's Name)					
(A	Address)				
(A	Address)				
(C	City/State/Zip/Phone #)				
PICK-UP					
• (E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

APR -4 2010

EXAMINER

Office Use Only



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2011 APR -1 AM II: 54

COVER LETTER

TO:

Registration Section

Division of Corpora	tions		
SUBJECT: Flying	Name of Limited	R AD VENTURES d Liability Company	<u> </u>
The enclosed Articles of Orga	nization and fee(s) are s	ubmitted for filing.	
Please return all corresponden	ce concerning this matte	er to the following:	
LEE BUT	T	Name of Person	
Flying	/ River Al	SVENTURES LL Firm/Company	.C.
10885 56	FEBERAL ,	Hwy Lot 51 Address	
HORE Sou	nd F/A 3	73455 State and Zip Code	
MOONREAM	~ 2058 & y/	A Hoo · Com r future annual report notification)	
For further information concer	ming this matter, please	call:	
LEE BUTT Name of Pers	on	at (<u>772</u>) <u>341 6</u> Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee \$13 Ce	0.00 Filing Fee & ertificate 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)
Reg Div P.C	iling Address gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Flying V RIVER	Limited Liability Company, "L.L.C.," or "L.L.C.")	
Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	ss of the principal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	

ARTICLE I - Name:

The name of the Limited Liability Company is:

Timelput Office Hadress.	141441111	<u> </u>		
Rill VERESS 15974 SE JEFFERY ST	5	AME		
Rlounds fown FlA 32424			. 14	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration. **LEE Bull 4/6** Name**	registered	You must designate an incagent are:		TILED 2011 APR -1 AM II: 54
15974 SE TEFFEIA Florida street add		Box NOT acceptable)		
Blountstown	FL.	32424		

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..

City, State, and Zip

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 MGRM | Let But | | 10RRS SE FEBERAL How Lots | | HeBE Sound F/A 33 455 | | MGRM | | Grant Stown F/A 33 455 | | MGRM | | Grant Stown F/A 33 455 | | MGRM | | Grant Stown F/A 33 455 | | Grant Stown F/A 3

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)