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Certified Copies	_ Certificates	of Status
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Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Wellington Venture Group
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:
Orville Dwight Gardner
Name of Person
Wellington Venture Group
Firm/Company
2210 Stotesbury Way
Address
Wellington, FL 33414
City/State and Zip Code
dgardner75@yahoo.com E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
<u>Dwight Gardner</u> <u>at (</u> 305 <u>)</u> 804-1291
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status \$\times 250.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Wellington Venture Group, 11	C			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Liabil	lity Com	pany i	is:
Principal Office Address:	Mailing Address:			
2210 Stotesbury Way	2210 Stotesbury Way			
Wellington, FL 33414	Wellington, FL 33414			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signered Agent. You must designate an individual	gnature: or another		
The name and the Florida street address of the re	egistered agent are:	₹ SE	A	
Orville Dwight Gardner		EAC SECOND	MAY 18	
Name	· · · · · · · · · · · · · · · · · · ·	TAI AS	<u>~</u>	enterette A-market
2210 Stotesbury \	<i>N</i> ay	- 333 - 733 - 733		ş
Florida street addı	ress (P.O. Box NOT acceptable)	Fi Siri	M	
Wellington	FL 33414	F STATE	l: 50	
City, Stat	te, and Zip	OĂ.E	0	

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:

MGR	Orville Dwight Gardner 2210 Stotesbury Way
	Wellington, FL 33414
MGRM	Rohan Gardner
	2501 Glendale Dr.
	Royal Palm Beach, FL 33411
MGRM	Mark Gardner
	725 Boulder Trace
	Union City, GA 30291
Use attachment if necessary)	-
LE V: Effective date, if other ective date is listed, the date days after the date of filing.)	than the date of filing: (OPTION must be specific and cannot be more than five business da

Total of Proces

(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.)

Orville Dwight Gardner

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)