

L110000064179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

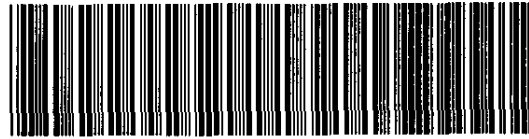
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600207566766

05/16/11--01011--027 **155.00

Effective Date

5/10/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 16 AM 8:58

T. HAMPTON

JUN - 2 2011

EXAMINER

6/16/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ante Venture 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:

Kenneth A. Crosby

Name of Person

Firm/Company

1239 Chantilly Circle

Address

Niceville, FL 32578-4330

City/State and Zip Code

kcroz@cox.net

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

For further information concerning this matter, please call:

Lynne H. Crosby

Name of Person

at (**850**) **420-8526**

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 17, 2011

KENNETH A CROSBY
1239 CHANTILLY CIR
NICEVILLE, FL 32578-4330

SUBJECT: ANTE VENTURE LLC
Ref. Number: W11000027249

We have received your document for ANTE VENTURE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00012227

Effective Date 5/10/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ante Venture 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:

Ante Venture LLC
1239 Chantilly Circle
Niceville, FL 32578-4330

Mailing Address:

Ante Venture LLC
P.O. Box 974
Niceville, FL 32588-0974

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

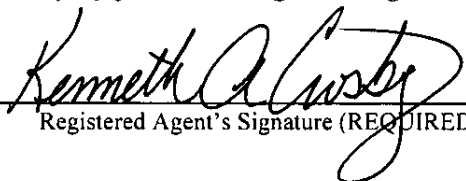
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kenneth A. Crosby
Name

1239 Chantilly Circle
Florida street address (P.O. Box **NOT** acceptable)
Niceville FL 32578-4330
City, State, and Zip

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kenneth A. Crosby
1239 Chantilly Circle
Niceville, FL 32578-4330

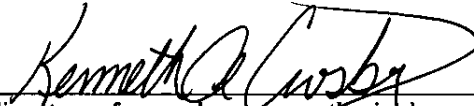
MGRM

Lynne H. Crosby
1239 Chantilly Circle
Niceville, FL 32578-4330

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 10, 2011. (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:



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.)

Kenneth A. Crosby

Typed or printed name of signer

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)

FILED
11 MAY 16 AM 8:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS