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EXAMINER

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: VENUS PARTNE Name	of Limited Liability Company	
The enclosed Articles of Organization and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
MARLENE SANCHE	Z	
	Name of Person	
	Firm/Company	
2845 NW 29TH DRIV		
	Address	
BOCA RATON, FL 3343		
\/F\\\\ODADT\\FDQ.OA\F	City/State and Zip Code	AND S
VENUSPARTNERS@ME. E-mail address: (to	be used for future annual report notification)	7 22 ASS
For further information concerning this matter	•	Y OF SEE. FLU
MARLENE SANCHEZ	at (954) 7789683	DES T
Name of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for the following am	ount:	
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of St	tatus Certified Copy Certifi (additional copy is enclosed) Certifi	00 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
VENUS PARTNERS, 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:

Mailing Address:
2845 NW 29TH DRIVE
BOCA RATON, FL 33434
Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another registered agent are: RIVE Tess (P.O. Box NOT acceptable) FL 33434 Te, 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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	MARLENE SANCHEZ	
	2845 NW 29TH DRIVE BOCA RATON, FL 33434	
	a usa	
	ALE SECTION	2000年
	SECRETARY ALEAHASSI	<
(Use attachment if necessary)	FLORE TO THE STATE OF THE STATE	É
CLE V: Effective date, if other than the d	ate of filing: (OFFIONAL	Ξ)
offective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business days	, pi
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.		

(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

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

MARLENE SANCHEZ

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)