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J. BRYAN

JUN -1 2012

EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJECT	r: Web Ventures Plus, LLC. Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rm all correspondence concerning this matter to the following:
	Jonathan Gibbons
	Web Ventures Plus, LLC.
	204 37th Ave. N #437
	St. Peters 6 urg / FL 33704 City/State and Zip Code
	Jona than webventures plus, com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Jone	Name of Person at (727) 827 - 8199 Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 Fil	ing Fee \$\sum \\$\sum \\\sum \\\ \sum \\\ \sum \\\ \sum \\\ \sum \\\ \sum \\\ \sum \\\
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT	YCOMEANYTI
ARTICLE I - Name: The name of the Limited Liability Company is:	THE STATE OF THE S
Web Ventures Plus, LLC.	EFF. F. Cold.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.") ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liab	oility Company is:

Principal Office Address:	Mailing Address:
204 37th Ave. N #437	204 37 th Ave N#437
St. Petasburg, FL 33704	St. Petersourg, FL

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:

Jonathan C:66005

Name

1860 Massachusetts Ave.UE #301

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

St. Petersburgfl, 33703

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)

The name and address of each Mana	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jonathan Cibbons 1860 Massachusetts Ave. NE : 5+ Peters burg, FL 3370
	BII 2 M
	SECRETARY 31
(Use attachment if necessary)	020
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days pro-
REQUIRED SIGNATURE:	
Jonath	an Deblus
(In accordance with section 60s constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Jonat	han G: 66005 pped or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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