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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS
SEP 1 7 2012
EXAMINER

COVER LETTER

TO:

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Registration Section

Division of Co	orporations		
SUBJECT: Charme		ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
Rita Gautier		(Name of Person)	
Charmed Ven	tures, LLC	(Firm/Company)	
2606 Highlan	d Blvd.	(Address)	
Fort Pierce, F		y/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Rita Gautier (Name	e of Person)	at (172) 465-3 (Area Code & Daytime Tele	
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Charmed Ventures, LLC (Must end with the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address: Ma	ailing Address:
	06 Highland Blvd. ort Pierce, FL 34946
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered A business entity with an active Florida registration.)	
The name and the Florida street address of the regist	ered agent are:
Rita Gautier	200 Apor
Name	PORA
2606 Highland Blvd. Florida street address (P.O. Box NOT acceptable)
Fort Pierce, FL 34946 City, State, and Zi	p

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) Page 1 of 2

SECRETARY OF STATE

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

The name and address of each Manager or Managing Member is as following SEP 14 AM 10: 50

		Edit om
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Rita Gautier 2606 Highland Blvd. Fort Pierce, FL 34946	
(Use attachment if necessary)		

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.)

Rita Gautier

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)