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(Red	questor's Name)	
(Add	dress)	i i ¹ .
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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JAN 25 2013 T. HAMPTON



ACCOUNT NO. : I2000000195
REFERENCE: 506982 5054100
AUTHORIZATION: Synell bleman
COST LIMIT: \$ 125.00
ORDER DATE : January 24, 2013
ORDER TIME : 3:02 PM
ORDER NO. : 506982-005
CUSTOMER NO: 5054100
DOMEGRIC ETLING
DOMESTIC FILING
NAME: PANDA VENTURES, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Carina L. Dunlap - EXT. 52951
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Panda Ventures, LLC (Must end with the words "Limited Limbility 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; Mailing Address: 401 So. County Road 401 So. County Road **Suite 3287 Suite 3287** Palm Beach, FL 33480 Palm Beach, FL 33480 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: Alexander P. Coleman Name 401 So. County Road, Suite 3287 Florida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

Alexander P. Coleman

Palm Beach

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

13. IAN 26 AM In: 1.2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alexander P. Coleman
	401 So. County Road, Suite 3287
•	Palm Beach, FL 33480
_	
•	
(Use attachment if necessary)	•
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIO) t be specific and cannot be more than five business
REQUIRED SIGNATURE:	ÆMû.
Signature of a mon	ther or an authorized representative of a member.

SET THE FARY OF STATE
BY JUNE OF CORPORATIONS
13 JAN 21 AH IO: 42

Typed or printed name of signee

Alexander P. Coleman

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 34.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)