

L13000104334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

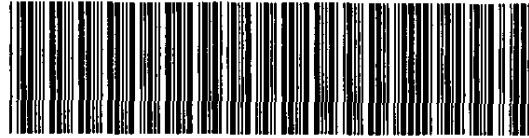
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/13--01046--023 **125.00

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2013 JUL 22 PM 4:34
CLERK OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 07/32/13

JUL 23 2013
D. BRUCE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

VENDETTA VENTURE CAPITAL 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:

SEPARAH FARNIA

Name of Person

VENDETTA VENTURE CAPITAL

Firm/Company

10263 GANDY BLVD. APT 209

Address

ST PETERSBURG FL 33702

City/State and Zip Code

SAND.FARNIA@GMAIL.COM

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

For further information concerning this matter, please call:

SAND FARNIA

Name of Person

at (813) 484-5304

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 22 PM 4:34

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VENDETTA VENTURE CAPITAL 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:

Mailing Address:

10263 GANDY APT 209
ST PETE FL 33702

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:

SEPANDAN FARNIA
Name

10263 GANDY APT 209
Florida street address (P.O. Box **NOT** acceptable)
ST PETE FL 33702
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.

SEPANDAN FARNIA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 07/22/13

FILED
2013 JUL 22 PM 1:01
CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY, FLORIDA

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

SEPANDAN FARUKIA
10243 CANDY BLVD APT 209
ST PETERS FL 33702

MGRM

JARON NIKDEL
634 W FORD ST
SHAWNEE, OK 74801

MGRM

FARBOD FARUKIA
1551 OAK LAWN AVE.
DALLAS, TX 75207

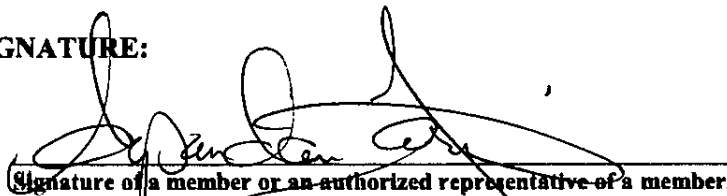
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

7/22/13
JUL 22, 2013 (OPTIONAL)

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.)

SEPANDAN FARUKIA
Typed or printed name of signee

FILED
2013 JUL 22 PM 4:34
SECRETARY OF STATE
FLORIDA

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)