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COVER LETTER

TO:	Registration S Division of Co				,			
SUBJI	Poor	ny Ventures, l	LC					
SUBJI			ed Liability Cor	npany				
The en	closed Articles of	f Organization and fee(s) are	submitted for fil	ling.				
Please	return all corresp	ondence concerning this matt	er to the follow	ing:				
	Lenora	J Mason						
			Name of Person					
	Poony \	Ventures, LLC						
			Firm/Company					
	212 Pa	ddock St						
			Address	-, , , , , , , , , , , , , , , , , , , 				
	Lehigh	Acres, FL 339	974					
		Cìt	y/State and Zip C	Code		**;	2013	
	bppboys9	@outlook.com				(1	. ES	CE!
		E-mail address: (to be used	for future annual	report notification))	基準	EP.	-176.2
For fu	ther information	concerning this matter, please	e call:			(3.Y	25	1
Le	nora J M	1 ason	_{at (} 239	313-9 Code & Daytime Te	9378	డ్లు డిల్లే	MH 11: 27	
	Name	of Person	Area C	ode & Daytime Te	elephone Numb	er ZE	: 21	
Enclo	sed is a check for	or the following amount:				ŕ		
■\$ 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified (additional)	_	S160.00 Certifica Certified (additional	ite of Sta	atus &)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Addre tration Section ion of Corporation Building Executive Center	ons r Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Poony Ventures, LLC			
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
212 Paddock St	212 Paddock St		
Lehigh Acres, FL 33974	Lehigh Acres, FL 33974		
The name and the Florida street address of Lenora J Mason 212 Paddock St	Name Name		
Florida sa	treet address (P.O. Box NOT acceptable)		
Lehigh Ac	res _{FL} 33974		
	City, State, and Zip		
liability company at the place designal registered agent and agree to act in this all statutes relating to the proper and co	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of omplete performance of my duties, and I am familiar with n as registered agent as provided for in Chapter 608, F.S		

(CONTINUED)

Page 1 of 2

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" = Manager		Name and Address:		
	MGR	-	Lenora J Mason 212 Paddock St		
			Lehigh Acres, FL 33974		
	MGR		William E Mason		
		-	212 Paddock St		
			Lehigh Acres, FL 33974		
		•			
					
		-			
	(Use attachment if	necessary)			
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			te of filing: (O	PTIONAL	- F F
•	effective date is list o or 90 days after th		e specific and cannot be more than five		days
prior	o or 50 days after th	ie date of filling.)	; / O	25 28	1
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	REQUIRED SIGN	NATURE:		AMIL: 2	
				2	·
	-	Genera J.	an authorized representative of a member.	E-1	
	3	ignature of a member or	an authorized representative of a member.		
	constitute I am awar	s an affirmation under the e that any false informatio	3(3), Florida Statutes, the execution of this docum penalties of perjury that the facts stated herein are on submitted in a document to the Department of Sprovided for in s.817.155, F.S.)	e true.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Lenora J Mason

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee