## U4000055482

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRE IARY OF STATE
TALLAHASSEF FLORIDA

APR - 4 2014

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Longbow Ventu			
(1	Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.'	")	
ARTICLE II - Addre The mailing address ar		office of the Limited Liability Company is	s:	
Principal Office Add	ess:	Mailing Address:		
Longbow Ventures, 303B Anastasia Blvd St. Augustine, FL 32	i., #156	Longbow Ventures, LLC 303B Anastasia Blvd., #156 St. Augustine, FL 32080		
(The Limited Liability another business entity	tered Agent, Registered Office, Company cannot serve as its own with an active Florida registration ida street address of the registered		an individual TAR -2	}
	Jill O. Mi			Fermi.
	Name			
	65 Dolphir			97
	Florida street address (P.O. Bo	x NOT acceptable)		<b>-</b>
	St. Augustine	FL 32080		
	City	Zip		
the place designate capacity. I further a	ed in this certificate, I hereby acce gree to comply with the provisions	ervice of process for the above stated limit of the appointment as registered agent and of all statutes relating to the proper and obligations of my position as registered age	d agree to act i complete perfo	in this ormance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	John Tesdorpf
	515 Carcaba Rd
	St. Augustine, FL 32084
MGRM	David Miles
	65 Dolphin Drive
	St. Augustine, FL 32080
MGRM	Jill Miles
	65 Dolphin Drive
	St. Augustine, FL 32080
<del></del>	
(Use attachment if necessary)	
E V: Effective date, if other than the dat	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or
E V: Effective date, if other than the datective date is listed, the date must be s	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or
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