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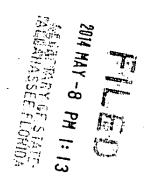
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Office Use Only



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MAY 19 2014



May 8, 2014

ASHLEY UTTER 8780 NW BETHEL FARMS RD ARCADIA, FL 34266

SUBJECT: 3RD G VENTURES LLC Ref. Number: W14000025552

We have received your document for 3RD G VENTURES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 214A00009821



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2014

ASHLEY UTTER 8780 NW BETHEL FARMS RD ARCADIA, FL 34266

SUBJECT: 3 G VENTURES, LLC Ref. Number: W14000025552

We have received your document for 3 G VENTURES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC.". The following suffixes are no longer acceptable: "Limited Company," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L05000102624.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00008605

COVER LETTER

	egistration Section ivision of Corporations	
SUBJEC	: 3 G Venture S LLC Name of Limited Liability Company	
The enclo	ed Articles of Organization and fee(s) are submitted for filing.	
Please ret	rn all correspondence concerning this matter to the following:	
	Ashley Utter	
	3 G Ventures, LLC	
	Firm/Company	
	8780 NW Bethel Farms Rd	
	Arcadia, Fr. 34266 City/State and Zip Code ashley u@Dethel farms trans portation [E-mail address: (to be used for future admual report notification)	
For furthe	information concerning this matter, please call:	
Ash	WHY at 863 990-1759 Name of Person Area Code Daytime Telephone Number	5
Enclosed	a check for the following amount:	7
] \$ 125.00 F	ling Fee \$\int_{\text{\$130.00 Filing Fee}} \text{\$\text{\$155.00 Filing Fee}} & \$\text{\$\text{\$\$160.00 Filing Fee}} & \$\text{\$\text{\$\$0}} & \$\text{\$\text{\$\$00 Filing Fee}} & \$\text{\$\text{\$\$00 Filing Fee}} & \$\text{\$\text{\$\$00 Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\$ Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\$}\$}	
	Mailing Address Registration Section Street/Courier Address Registration Section	
	Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
3rd G Ventures, 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:
8780, NW Bethel Farms Rd 8780 NW Bethel Farms Rd Arcadia, Fr 34246 Madia, Fr 34266
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:
8780 NW Bethe Farms Rd Florida street address (P.O. Box NOT acceptable)
Accadia FL FL 34266
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 605, F.S
Shley Un

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The Control of the Co

Page 1 of 2



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Adalou 11+lon
MGR	8780 NW Bothel farms Rd
	Aycadia . 7. 34266
A A A O D	1.1.1.
AMBR	William Nugent
•	-(Same)
. 40 0 0	T n(
AMBR	Jason Nugent
	(same)
1.40.0	7, 1
AMBR	lyler Nugent
	(same)
(Use attachment if necessary)	
	(ODTIONAL)
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ffective date is listed, the date must be spe	·
LE V: Effective date, if other than the date ffective date is listed, the date must be speed of filing.)	of filing: (OPTIONAL)
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ffective date is listed, the date must be special of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 mber of an authorized representative of a member.
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REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infort constitutes a third degree felon	ecific and cannot be more than five business days prior to or 90 mber of an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. In a document to the Department of State by as provided for in s.817.155, F.S.) 121

ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

