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COVER LETTER

	egistration Section vision of Corporations
SUBJECT	605 VM L.L.C.
202020	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	MARK BEREY Name of Person
	MHB VENTURES LLC Firm/Company
	3130 JASMINE DR
	DELRAY BEACH, FL. 33483 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
MA	Name of Person at (56) 455 - 2776 Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□ \$ 125.00 Fil	ing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$\int_{30.00}\$ Filing Fee & Certified Copy (additional copy is enclosed) \$\int_{30.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
605VM L	. L . C .
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3130 JASMINE DR DELRAY BEACH FL 33483	3130 JASMINE DR
DELRAY BEACH FL	3130 JASMINE DR Delmy Banch F1 33483
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	Registered Agent's Signature: egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
MHB VENTU	RES L.L.C.
3130 JASM 12 Florida street address (P.O. Box M	NE DR.
Florida street address (P.O. Box N	NOT acceptable)
Delray Beach City	FL 3348.3 Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 600, F.S
Registered Agent's Signatu	MARK BEREY MGR-MHR VENTURES L.L.T. TO (REQUIRED)
(CONTINUE	
Page 1 of 2	D)
	FLORID

MARK 3130 J DELRA	BERET	DR
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MARK BE	REY	
ed or printed name of s	ignee	LLAHA
Filing Fees: tion and Designation	of Registered Ag	gent SS
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	of an authorized rep. (1) (b), Florida Status enalties of perjury that submitted in a docume ovided for in s.817.15 ARREBE d or printed name of s Filing Fees:	d or printed name of signee

ARTICLE IV-