

L14000 115994

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DEPARTMENT OF STATE
CORPORATION
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2014 JUL 23 AM 9:42

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TALLAHASSEE FLORIDA

14 JUL 23 AM 8:08

JUL 24 2014

T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 07/2³/2014

REF. #: 9218106

CORP. NAME: SANTA CLARA VENTURES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70024117 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
SANTA CLARA VENTURES, LLC

ARTICLE I – NAME: The name of the limited liability company is Santa Clara Ventures, LLC (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 832 Forest Glen Lane, Wellington, Florida 33414. The street address of the principal office of the Company is 832 Forest Glen Lane, Wellington, Florida 33414.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida Street address of the Company’s registered agent are:

Luis F. Escobar
832 Forest Glen Lane
Wellington, Florida 33414

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 in Chapter 605, Florida Statutes.



Luis F. Escobar

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Title

Name and Address

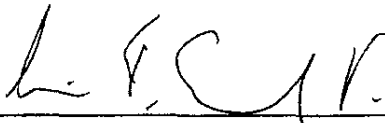
Manager

Luis F. Escobar
832 Forest Glen Lane
Wellington, Florida 33414

Signature on Following Page

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REQUIRED SIGNATURE:



Luis F. Escobar

(In accordance with section 605.0203 (1) (b), 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.)

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14 JUL 23 AM 8:09
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