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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

	Registration Division of C			
SUBJEC	T: <u>C4 Vent</u>	ures, LLC Name of Lir	nited Liability Company	
The enclo	sed Articles	of Organization and fee(s) a	re submitted for filing.	
Please ret	urn all corres	pondence concerning this m	atter to the following:	
	Gus M. C	entrone		
			Name of Person	
	Centrone	& Shrader, PLLC		
			Firm/Company	
	<u>1710 N. 1</u>	9th Street, Suite 205		
			Address	
	<u>Tampa, F</u>			
		C	City/State and Zip Code	
gcen	trone@ceni	roneshrader.com E-mail address: (to be use	d for future annual report notifica	ntion)
For furthe	r information	concerning this matter, plea	ase call:	
Gus M. C	Centrone	at ( f	313 ) 360-1529	
		e of Person		lephone Number
Enclosed i	is a check for	the following amount:		
☑ \$125.00 F	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address stration Section	Street/Courier Adda Registration Section	cess

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:		
C4 Ventures, LLC		
(Must end with the words "Limited	l Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
800 W. Lurnsden Rd. Brandon, FL 33511	800 W. Lumsden Rd. Brandon, FL 33511	<del></del>
STATISTIC LE SYSTI	DIAMON, IL SOST	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate	ate an individual or
The name and the Florida street address of the registered	l agent are:	
Gus M. Centrone. Centrone & Name		
1710 N. 19th Street, Ste. 205 Florida street address (P.O. Box		
Tampa	FL 33605	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	nt the appointment as registered agent of all statutes relating to the proper a	t and agree to act in this and complete performance
Jah-		TAY
Registered Agent's Signa	iture (REQUIRED)	##CRI
(CONTINU	ED)	÷ • • • • • • • • • • • • • • • • • • •
Page 1 of 2	!	6 PH 12: 2  RY OF STA SEEL FLOR

AMBR" = Authorized Member MGR" = Manager IGR		
IGH		
	Joseph Centrone	_
	800 W. Lumsden Rd.	
	Brandon, FL 33511	_
MBR	Dawn Segreto	
····	800 W. Lumsden Rd.	_
	Brandon, FL 33511	_
	Sidilido II, I E 65011	_
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		-
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Jse attachment if necessary)		
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filing.) VI: Other provisions, if any.		
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VI: Other provisions, if any.  EQUIRED SIGNATURE:		
VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.	
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.02)	er or an authorized representative of a member.	
VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	203 (1) (b), Florida Statutes, the execution of this documents penalties of perjury that the facts stated herein are fine.	
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