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SECRETARY OF STATE VALUABASSEE, FLORID,

'JUN 2 9 2015

COVER LETTER

Div	ision of Co	rporations			
SUBJECT:		orring Collectibles, LLC			
SUBJECT.		Name of I	Limited Liabili	ty Company	
The enclose	d Articles o	f Organization and fee(s)	are submitted	for filing.	
Please return	n all corresp	ondence concerning this	matter to the f	ollowing:	
	Venice Wo	rring			
•		-	Name of	Person	
-			Firm/Co	mpany	
	3238 Cobbl	estone Drive			
-		·	Addre	ess	
	Pace, Florid	la 32571			
<u>v</u>	enicewo850	@bellsouth.net	City/State and	d Zip Code	
		E-mail address: (to be us	ed for future a	nnual report notificati	on)
For further in	formation co	oncerning this matter, ple	ase cali:		
,	Venice Wor		850	994-5946	
	Nan	ne of Person	Area Code	Daytime Telephone	e Number
Enclosed is	a check for	the following amount:			
\$125.00 Fili	ng Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy all copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	ng Address ration Section on of Corporations lox 6327 assee, FL 32314		Street Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES.OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKI	ICLE	N	8	m	e:
CT25					

The name of the Limited Liability Company is:

Venice Worring Collectibles, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

TASECRICATION 25 AMILISO

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principa</u>	Office Address:		Mailing Address:
3238 Cobblestone Dri	ve_	3238	Cobblestone Drive
Pace, Florida 32571		Pace,	Florida 32571
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its own ctive Florida registration	n Registered Agent. Yon.)	t's Signature: 'ou must designate an individual or
		Name	
	3238 Cobblestone D	rive	
	Florida street addres	ss (P.O. Box NOT ac	ceptable)
	Pace	Florida	32571

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..

(CONTINUED)

Registered Agent's Signature (REQ

Page 1 of 2

Title: "AMBR" = Auth	arizad Mambar	Name and Address:
"MGR" = Manag	ger	Vanias Warring
AWIDK		Venice Worring
		3238 Cobblestone Drive
		Pace, Florida 32571
		
		
•		
		_
ective date is liste of filing.) The date inserted	ate, if other than the date of ed, the date must be speci in this block does not me	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be
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ARTICLE IV-