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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

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COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	VEN ONE INVESTMENTS OF FLOI	RIDA LLC	
SOBJECT		ited Liability Company	
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	urn all correspondence concerning this mat	tter to the following:	
	SUNIL KUKREJA		
		Name of Person	_
		Firm/Company	_
		rim/Company	
	526 SEVENTH AVE . 5th, FLR		
		Address	
	NEW YORK NY 10018	,	
	Cineil@in7.net	ty/State and Zip Code	_
	E-mail address: (to be used f	for future annual report notification)	
For further i	information concerning this matter, please	call:	
	Sunil Kukreja 20 at (
		ea Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate Copy (additional copy is enclosed) (additional copy is enclosed)	
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing 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:	
The name of the Elimied Elability Company is.	
VEN ONE INVESTMENTS OF FLORIDA LLC	
(Must end with the words "Limited Liabilit	y 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:
526 SEVENTH AVE. 5TH. FLR	526 SEVENTH AVE. 5TH. FLR
NEW YORK NY 10018	NEW YORK NY 10018
ARTICLE III - Registered Agent, Registered Office, & Regis	stered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe another business entity with an active Florida registration.)	red Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	re:

BALWANT CHEEMA CPA

Name

8301 NW 197TH. STREET

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33015
City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member	Name and Address:
147DH 14	
MGR" = Manager	
MGRM	SUNIL KUKREJA
	526 SEVENTH AVE. 5TH. FLR
	NEW YORK NY 10018
ACD	PARSHOTTAM KUKREJA
MGR	6050 BLVD, EAST APT. 22G
	WEST NEW YORK NJ 07093
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tive date is listed, the date must be spe filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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