

4150000168660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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- ☒ CERTIFIED COPY \_\_\_\_\_
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1. Geoven LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I.**

The name of the Limited Liability Company is:

**GEOVEN LLC**

## **ARTICLE II.**

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

1804- A NW 29<sup>TH</sup> ST

OAKLAND PARK FL 33311-2124

The mailing address of the Limited Liability Company is:

1804- A NW 29<sup>TH</sup> ST

OAKLAND PARK FL 33311

## **ARTICLE III.**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## **ARTICLE IV.**

The name and the Florida street address of the registered agent are:

VENNES, GYORGY

2800 SOMERSET DRIVE APT J-405

LAUDERDALE LAKES FL 33311

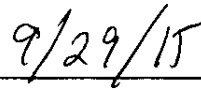
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

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



Date:

#### ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

VENNES, GYORGY

MGRM


2800 SOMERSET DR APT J-405

LAUDERDALE LAKES FL 33311



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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.



9/29/15

*Signature of a member or an authorized representative of a member.*

GEORGE VENNES

9/29/15

*Typed or printed name of signee*

*Date*

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