

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 JUN -4 PM 4:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L16000049598

1. Limited Liability Company's Name

VENTURE-4 LLC

1

300830665183
06/04/19--01003--011 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1400 ALLENDALE ROAD

3. Mailing Office Address

1400 ALLENDALE ROAD

Suite, Apt. #, etc.

Suite 1 & 2

Suite, Apt. #, etc.

Suite 1 & 2

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/10/2016

6. FEI Number

35-2556989

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Faruk Fatehali

Street Address (P.O. Box Number is Not Acceptable) Suite

1400 Alendale Road

Apt. #, Etc.

Suite 1 & 2

City

West Palm Beach

State

FL

Zip Code

33405

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/24/19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MEM	FARUK FATEHALI	1400 Alendale Rd. Ste. 1 & 2	West Palm Beach FL 33405

11. E-mail Address:

frank@venturenga.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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.

Signature of authorized representative/member

Date

5/24/19

Daytime Phone #

847-815-7062

Typed or printed name of signing authorized representative/member

FARUK FATEHALI

F MOORE
JUN 11 2019