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**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
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**FLORIDA LIMITED LIABILITY CO.
FDF Ventures LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. BURCH

NOV 28 2016

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FDF VENTURES LLC

(Must end with the words "Limited Liability 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:36750 U.S. Highway 19 N.Suite 2509Palm Harbor, Florida 34683Mailing Address:36750 U.S. Highway 19 N.Suite 2509Palm Harbor, Florida 34683

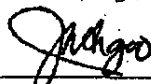
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation SystemName1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFL33324CityStateZip

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.



Judith Argao
Vice President
and Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 NOV 23 PM 2:55
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Thomas J. Fanning Sr.
36750 U.S. Highway 19 N., Suite 2509
Palm Harbor, Florida 34683

AMBR

James R. Fitzgerald
36750 U.S. Highway 19 N., Suite 2509
Palm Harbor, Florida 34683

AMBR

Dean Poll
36750 U.S. Highway 19 N., Suite 2509
Palm Harbor, Florida 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 23, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Thomas J. Fanning, Sr.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)