

L17000068146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W117-18547

Office Use Only



300295784213

03/02/17--01003--029 **125.00

FILED

2017 MAR 21 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN

MAR 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2017

DOUGLAS RICHMAN
[REDACTED]

SUBJECT: VENENO CAPITAL PARTNERS LLC
Ref. Number: W17000018547

We have received your document for VENENO CAPITAL PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document is returned to you unprocessed at your request.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 317A00004157

2017 MAR 21 AM 11:46

TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: I 8 CAPITAL PARTNERS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Richman
Name of Person

P.O. BOX 141983
Firm/Company
Address

MIAMI, FL, 33114
City/State and Zip Code

DougM Richman@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Richman 954 383 7480
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

↳ use from Balance

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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:

I 8 CAPITAL PARTNERS LLC
(Must contain 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:
3318 DAY AVE #6
MIAMI, FL, 33133

Mailing Address:
P.O. BOX 141983
MIAMI, FL
33114

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:

Douglas Richman
Name
3318 DAY AVE #6
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33133
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.

Douglas Richman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

~~Principal~~

PRINCIPAL

Name and Address:

~~Douglas Richman~~
~~3318 BAYVIEW BLVD~~
~~MIAMI, FL 33149~~

Douglas Richman
P.O. BOX 141983
MIAMI, FL 33114

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

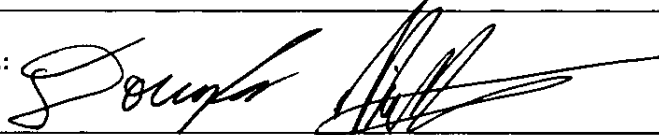
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Please use the \$125 balance from my
previous application to pay for this one.
Thanks!

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.

Douglas Richman

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)

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CLERK OF STATE
TALLAHASSEE FLORIDA