

**L17000103L84**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : THE LAW OFFICES OF NICK SPRADLIN, LLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (713) 429-1276

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Aaron.betton@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Zeno Ventures LLC**

Certificate of Status	0
Certified Copy	0
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17 MAY 10 AM 9:00

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Zeno Ventures 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:Mailing Address:1000 N ASHLEY DR  
SUITE 400  
TAMPA, FLORIDA 33602PO BOX 173074  
TAMPA, FL 33672

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

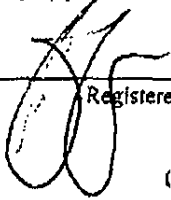
THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

2202 N. WEST SHORE BLVD STE 200Florida street address (P.O. Box **NOT** acceptable)

<u>TAMPA</u>	<u>FLORIDA</u>	<u>33607</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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)

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 TALLAHASSEE FLORIDA

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