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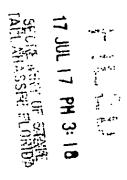
	-			
(Re	questor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone #	<u>, </u>		
(0)	y/Otate/Zip// Hone #	,		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Name)		
(,		
(Do	cument Number)			
Certified Copies	_ Certificates of	f Status		
Special Instructions to	Eiling Officer:			
Special Instructions to Filing Officer:				
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1/18/11

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: LLST Ventures, LLC Name of Limited Liability Company				
The state of the s				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lourdes McLeod Name of Person				
Name of Person				
McLeod's Construction Firm/Company				
6360 Curporate Park Circle, Unit 10				
City/State and Zip Code Lourdes @ meleods construction. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stan Poole at (239) 841-9083 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

(Must conta	SJ Ventur in the words "Limited L	es LL iability Company	(, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	fice of the Limite	d Liability Company is:		
Princips	l Office Address:		Mailing A	ddress:	
6360 Corpo;	rate Park Circl	<u>/c</u>		· · · · · · · · · · · · · · · · · · ·	
tt. Myers	rate Park Circle				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own Fetive Florida registration	Registered Agent.	You must designate an	Ŧ	17 JUI
		Name			_17
	6360 Corpo	rate Park	Circle Unit		-
	The Manager	(P.O. BOX <u>NOT</u>	2 ? <i>6</i> //	<u> </u>	بب
	City	State	Zip	三型	○
Having been named as registered a place designated in this certificate, further agree to comply with the pro	gent and to accept servic I hereby accept the appoi	e of process for th intment as registe	ne above stated limited l red agent and agree to d	iability company at thact in this capacity. I	

(CONTINUED)

<u>Title:</u>		Name and Address:
"AMBR" = A "MGR" = Ma	uthorized Member nager	21 D /
_MGR		Stan Poole 2555 Palm Beach Blad ASOL
		Ft. Myers FL 339/6
MGK		Lourdes Mc Lead
		8608 Falisto Place
.4.4. 0	2	1 / 1 / 1 / 1 / 1
AMBR	\	Lombardo McLead
AmB		Fort Plyers A 33912
AMBI	R	Jackie Thompson
	- •	3885 Palm Brack Blud A502
(Use attachme	ent if necessary)	
	e date, if other than the date of filir	
f an effective date is l le date of filing.)	listed, the date must be specific a	and cannot be more than five business days prior to or 90 days after
ote: If the date inser		e applicable statutory filing requirements, this date will not be listed as
	ve date on the Department of Stat	e's records.
RTICLE VI: Other pr	rovisions, if any.	
	· · · · · · · · · · · · · · · · · · ·	
REQUIRED	SIGNATURE:	A D1 P4 =
		en ore
	Signature of a member This document is executed in:	or an authorized representative of a member.
	I am aware that any false infor-	nation submitted in a document to the Department of State
	constitutes a third degree felon	y as provided for in s.817.155, F.S.
	Jta	n Poole
	Тур	y as provided for in s.817.155, F.S. A Pool Code or printed name of signee
		Filing Fees:
		tion and Designation of Registered Agent
5 30.00 Ce	rtified Copy (Optional)	

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)