Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. SANTA FE VENTURES LLC.

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
Santa Fe Ventures We. (Must end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:		
327 SW zna Ave. Same.		
Horida City F1 33034		
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 mane and the Florida street address of the registered agent are:		
Doman Finto		
Name		
327 St. 3220 Ave		
Florida street address (P.O. Box NOT acceptable)		
Ma. Coty 11 33034		
City Zip		
Having been named us 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 jamillar with and accept the ligitations of my position as registered agent as provided for in		
. ////		
Registered of Statute (REQUIRED)		
. ////		
. (CONTINUED)		

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ARTICLE IV- The name and address of each person auti	horized to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Roman Perotois 3278 2nd Aug 32000 PX 4:00	
(If an effective date is fisted, the date must be spec the date of filing.)	of filing:	ter
ARTICLE VI: Other provisions, if any.	MM	
REQUIRED SIGNATURE:		
(In accordance with section) constitutes an affirmation and I am aware that only false afficentiates a third degree take	or an authorized representative of a member. y. 0203 (i) (h), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, contains submitted in a document to the Department of State only as provided for its.817.155, F.S.) Typed or printed name of signee	