

L18000131519

(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:

Office Use Only

M. MOON

MAY 29 2018



800313939548

800313939548
05/29/18--01001--002 **125.00

800313939548
05/29/18--01001--003 **30.00

18 MAY 25 PM 2:58

RECEIVED
FALL ARIZONA

18 MAY 25 AM 11:51

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5125

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** articles _____

1. West Palm Venture, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
18 MAY 25 AM 11:51
TALLAHASSEE, FL
SOUTHERN
ADMINISTRATIVE

SPECIAL INSTRUCTIONS:

**Articles of Organization
For
West Palm Venture, LLC**
Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is West Palm Venture, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1110 Santa Rosa Blvd., Unit A300
Fort Walton Beach, FL 32548

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

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

Marion Hayslip
1110 Santa Rosa Blvd., Unit A300
Fort Walton Beach, FL 32548

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.



Marion Hayslip, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Scott Schmidt
6621 Bay Circle, Suite 170
Norcross, GA 30071



Carri Brown, Organizer

18 MAY 25 AM 11:5
SOUTH
FALL ARIZONA