## 119000237406

(Re	questor's Name)	
(Ad	dress)	<u></u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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THE SEP 18 PH 12: 5%

## COVER LETTER

TO: New Filing Section
Division of Corporations

10 SEP 18 PH 12: 5%

SUBJECT:	Garmany Ventures, LLC
SUBJECT.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Steven R. Garmany
-	Name of Person
_	
	Firm/Company
	4415 Robbins Ave
-	Address
	Orlando, FL 32808
-	City/State and Zip Code
	garmanysteven@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
	Steven R. Garmany 706 339-6505
_	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Fili	rng Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & 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 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

				1,	
ARTICLE I - Name: The name of the Limited Liability	ty Company is:			19 SEP 18	PH 12: 55
	Garmany Ver	itures, LLC			
(Must cont	ain the words "Limited 1	iability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limite	I Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Addi	<u>ress</u> :	
4415 Robbins Ave Orlando, FL 32808			5 Robbins Ave ando, FL 32808		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Agent.		dividual or	
The name and the Florida street	address of the registered	agent are:			
	Steve	en R. Garmany			
		Name			
	4415	Robbins Ave			
	Florida street address	(P.O. Box <u>NOT</u> :	(cceptable)		
	Orlando	FL	32808		
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	19 SEP 18 PH
"MGR" = Manager	C. D. C.	
AMBR	Steven R. Garmany 4415 Robbins Ave	
	Orlando, FL 32808	
		<del></del>
		····
	<del></del>	<del></del>
(Use attachment if necessary)		
(Osc attachment if necessary)		
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T.E.V: Effective date, if other than the date	of filing:	(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)