## 1\_20000048558

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## COVER LETTER

TO: New Filing So Division of C			
SUBJECT A46 V	Aillenion Name of Li	Ventures Li	
The enclosed Articles of	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	pondence concerning this m	natter to the following:	
	DELMY SCH	Name of Person	
		View (Company)	
		Firm/Company	
1	7425 NU	Address	
		TL 330 L City/State and Zip Code Chnan & gnaid d for future annual report notifice	C. Con
	concerning this matter, pleas		
DELVIC	1 <u>SCHBCHMM</u> at ( me of Person /	786 ) <u>514 - 0'</u> Area Code Daytime Telepho	755_ one Number
Enclosed is a check for	the following amount:		
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
J			
New Divis P.O.	ing Address Filing Section sion of Corporations Box 6327 thassee, FL 32314	Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassec, F1, 32,	nter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

will Verd-bres, 1
mpany, "L.L.C.," or "LL.C.")
Limited Liability Company is:
Mailing Address:
<u>Sama</u>

(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:

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. Thereby 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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR. (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the document's effective date on the Department of State's records ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125,000 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or grinted name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)