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TO:	New Filing Section
	Division of Corporations

SUBJECT:	VARRE	VILLE INVES	TMENT	S, LLC	
	Nam	e of Limited Li	ability Co	mpany	
The enclosed Articles of	Organization and fe	e(s) are submitt	ed for fili	ng.	
Please return all correspondent	ondence concerning	this matter to th	e followir	ıg:	
		Troy H. Myers	Jr., Esq.		
		Name of			
		TROY MYERS	SIAWFI	PM PLIC	
		Firm/Con		KW, FLIX	
			· · · · · · ·		
		2033 MAIN ST	. STE. 20)4	
		Addre	35		
		SARASOTA, F			
		City/State and	Zip Code	;	
		myerslegalsves	@amail c	n ma	
	E-mail address: (to	be used for fut	nte auuna Aannaure	l report notific	ation)
For further information				•	•
Troy H. Myers.	Jr., Esa.	at (_ 941)	586-9093	
Name of Person		Area Code			ephone Number
Enclosed is a check for the	he following amount	:			
X_\$125.00 Filing Fee	\$130.00 Filing Fe Certificate of Status	Certif	Filing Fe	Cen	\$160.00 Filing Fee, ificate of Status & Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:								
The name of the Limited	Liability Compar	ıy is:						
	VARREVILL (Must contain t	E INVES he words	TMENTS "Limited I	LLC Liability	Company, "L.L.C.,"	or "LLC.")		_
ARTICLE II - Address: The mailing address and		the princip	oal office o	of the Lin	nited Liability Com	pany is:	SECRETA TALLA	4
Principal Office Addres	<u>s</u> :			Mailing	Address:		ETARY OF ST	
16 So. Orange Avenue				16 So. C	Orange Avenue		SEF,	-
SARASOTA, FL 34236		- 11 - 1		SARAS	OTA, FL 34236		TATE	
ARTICLE III - Register (The Limited Liability Co another business entity wi	impany cannot se	rve as its	own Regis				lual or	
The name and the Florida	street address of	the regist	ered ageni	t are:				
	ORQUERA FL	ORIDA II Name	NVESTM	ENTS				
	16 So, Orange A		O. Box NO	ОТ ассер	stable)			
	SARASOTA	FL	State	34236	Zip			
Having been named as regat the place designated in capacity. I further agree to of my duties, and I am fa Chapter 605, F.S.	this certificate, I comply with the	hereby ac provision	t service o cept the a ns of all st	ppointme atutes rel	for the above stated ent as registered ago ating to the proper a	ent and agree to and complete p	o act in the	is

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person auth	orized to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	TROY H. MYERS, JR.	
	2033 MAIN ST. STE. 204	<u> </u>
	SARASOTA, FL 34237	SECRETARY OF TALLAHASSEE
<u>MGR</u>	GREGORY ORQUERA	AHASS
	16 SO ORANGE AVE.	4 · W
	SARASOTA, FL 34236	TATE
days after the date of filing.)	es not meet the applicable statutory filing requirements, this date	

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.

TROY H. MYERS, JR.
Typed or printed name of signee

Filing Fees:

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

REQUIRED SIGNATURE: