

L20000376954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

12/08/20--01002--014 **125.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400356080054

2020 DEC - 7 PM 3: 56
TALLAHASSEE, FL
FLORIDA

2020 DEC - 9 PM 3: 15
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

125

**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: 12/07/2020

CERTIFIED COPY _____

PHOTOCOPY _____

CUS _____

FILING LLC _____

1. VENTURE MANAGEMENT SERVICES 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 #)

**SPECIAL
INSTRUCTIONS:** _____



RECEIVED

2020 DEC -9 PM 3:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2020

CORPORATE ACCESS

SUBJECT: VENTURE MANAGEMENT SERVICES LLC
Ref. Number: W20000139087

We have received your document for VENTURE MANAGEMENT SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 420A00024599

Corrected

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BTJ Management Services, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. BARKER

Name of Person

Firm/Company

12428 SAN JOSE BLVD. SUITE 1

Address

JACKSONVILLE, FL 32223

City/State and Zip Code
MBARKER.UF@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE BARKER at (904) 226-3660

Enclosed is a check for the following amount:

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

BTJ MANAGEMENT SERVICES, LLC

2020 DEC -9 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FL

(Must contain 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:

12428 SAN JOSE BLVD, SUITE 1

Mailing Address:

12428 SAN JOSE BLVD, SUITE 1

JACKSONVILLE, FL 32223

JACKSONVILLE, FL 32223

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

MICHAEL J. BARKER

Name

12428 SAN JOSE BLVD, SUITE 1

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FL 32223

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MICHAEL J. BARKER

12428 SAN JOSE BLVD, SUITE 1

JACKSONVILLE, FL 32223

SEARCHED INDEXED SERIALIZED FILED
2011 DEC -9 PM 3:15

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 filing 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.

MICHAEL J. BARKER

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED