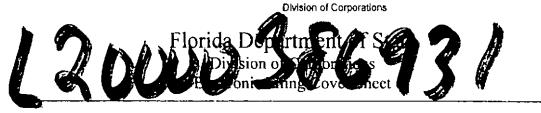
12/15/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6391

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number: T20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bobbyerickson72@gmail.com

## FLORIDA LIMITED LIABILITY CO.

## Erickson Ventures LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**DEC** 1 6 2020

T. SCOTT

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I -	Name:
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The name of the Limited Liability Company is:

ERICKSON VENTURES LLC

(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:

Mailing Address:

6209 61st COURT EAST PALMETTO, FL 34221 6209 61st COURT EAST PALMETTO, FL 34221

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:

ROBERT ERICKSON

Name

6209 61st COURT EAST

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

PALMETTO

\_FL\_

24224

City

State

Zin

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..

Robert a. Erickson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 DEC 15 AH 10: 54

AMBR  ROBERT ERICKSON 6209 61st COURT EAST PALMETTO, FL 34221  MGR  BRETT ERICKSON 6209 61st COURT EAST PALMETTO, FL 34221  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member	Same and Address:
MGR  BRETT ERICKSON 6209 81st COURT EAST PALMETTO, FL 34221  (Use attachment if necessary)  E.V: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.	"MGR" = Manager AMBR	
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