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| | New Filing Sec Division of Co | | | | | |
| CHRICO | | tures Group, LLC | | | | |
| SUBJEC | 1: | Name | of Limited | Liability Company | | |
| The enclo | sed Articles of | Organization and fee | e(s) are subi | nitted for filing. | | |
| Please ret | urn all correspo | ondence concerning th | his matter to | the following: | | |
| | Paige Huff/E | Brandon Kepple | | | | |
| | Name of Person | | | | | |
| | Burr & Forman LLP | | | | | |
| | Firm/Company | | | | | |
| | 200 South Orange Ave., Suite 800 Address Orlando, Florida 32801 City/State and Zip Code cheflo@milleniacatering.com | | | | | |
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| | | | used for fu | nture annual report notifica | tion) | |
| For further | information co | ncerning this matter, | please call: | | | |
| | Paige Huff 407 | | | 540-6684 | | |
| | Nam | e of Person | | ode Daytime Telephor | ne Number | |
| Enclosed | is a check for t | he following amount: | : | | | |
| ≣\$125.0 | 0 Filing Fee | □\$130.00 Filing f Certificate of State | us (| I\$155.00 Filing Fee & Certified Copy ditional copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallabasese, FL 32314 | | | Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Str | nassee eet, Suite 810 | |

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NAME: VENUE VENTURES GROUP, LLC

TYPE OF FILING: ARTICLES

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ARTICLES OF ORGANIZATION OF

VENUE VENTURES GROUP, LLC

(a Florida limited liability company)

ARTICLE I – NAME:

The name of the limited liability company is Venue Ventures Group, LLC

ARTICLE II - ADDRESS:

The principal office and mailing address of the limited liability company is

4303 Vineland Road #F18, Orlando, Florida 32811

ARTICLE III - REGISTERED AGENT:

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

Sourikone Soukavhong 4303 Vineland Road #F18, Orlando, Florida 32811

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.

Sourceon Southavorg

Sourikone Soukavhong

ARTICLE IV - MANAGEMENT:

The company shall be a manager-managed company, and the names, addresses and titles of the initial person authorized to manage and control the company are:

Name:

Sourikone Soukavhong

Title:

Manager

Address:

4303 Vineland Road #F18,

Orlando, Florida 32811

Name:

Gwendolyn Allen

Title:

Manager

Address:

4303 Vineland Road #F18,

Orlando, Florida 32811

AUTHORIZED REPRESENTATIVE:

Sourikone Soukhavong

Sourikone Soukhavong