

L23000149280

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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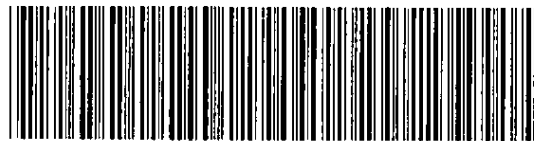
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3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/28/2023

Acc#120160000072

en: c DW

Name:	Flipturn Ventures I, LLC
Document #:	
Order #:	14858182 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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ljager@wnj.com

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Amount: \$ 155.00

Thank you!

ARTICLE IV –

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

Title:

Name and Address:

Jeffrey Lambert, MGR (Manager)

c/o Flipturn Ventures I, LLC

47 Commerce Ave. SW

Grand Rapids, MI 49503

ARTICLE V: Effective Date, if other than date of filing: N/A

ARTICLE VI: Other Provisions

Management of the limited liability company is vested in one or managers as appointed from time by action of the members.

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.

Jeffrey Lambert

Typed or printed name of signee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Eliptun Ventures I, 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:

47 Commerce Ave. SW
Grand Rapids, MI 49503

47 Commerce Ave. SW
Grand Rapids, MI 49503

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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.

Laura R Broderick

Resident Agent's Signature (REQUIRED)

Laura Broderick, Assistant Secretary

(CONTINUED)

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