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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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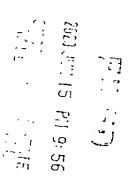


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	PIC	K UP:	MISTY 6/15
XX	CERTIFIED COPY PHOTOCOPY		
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XX	FILING	LLC	
1.	VENTURE SRT, LLC		
2.	(CORPORATE NAME AND DOC	UMENT #)	
3.	(CORPORATE NAME AND DOC	UMENT #)	
4. _	(CORPORATE NAME AND DOC	UMENT #)	
5. _	(CORPORATE NAME AND DOC	UMENT #)	
6	(CORPORATE NAME AND DOC	IMENT #)	
SPECIAI INSTRUG			····
	_		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability (Company is:		
Venture SRT, LLC			
(Must contair	the words "Limited I	_iability Compar	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	ress of the principal of	ffice of the Limit	ad Linbility Company is:
The manning address and street addr	ress or the principal of	ince of the Limit	ed Elaority Company Is.
<u>Principal</u>	Office Address:		Mailing Address:
755 Amelia Earhart Lai	ne, Hanger 1	7:	55 Amelia Earhart Lane, Hanger 1
Jacksonville, FL 32225			icksonville, FL 32225
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act The name and the Florida street add	innot serve as its own ive Florida registratio	Registered Agen	gent's Signature: it. You must designate an individual or
The name and the Florida street add	mess of the registered	agent are:	
_	Timothy Gaskin		
		Name	
_	755 Amelia Earhart I.	ane. Hanger I	
	Florida street address	(Р.О. Вох <u>ХОТ</u>	acceptable)
	Jacksonville	FL	32225

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2023 JUN 15 PN 9: 57

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

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Jacksonville, FL 32225 Jacksonville, FL 32225 W: Effective date, if other than the date of filing:	MGK	· · · · · · · · · · · · · · · · · · ·	755 Amelia Earhart Lane, Hanger 1	
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