

L23 000 548815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

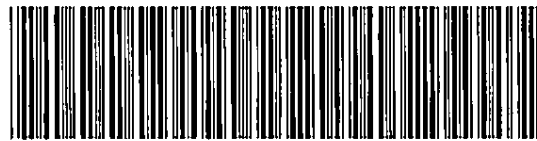
(Business Entity Name)

(Document Number)

Certificates of Status _____

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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

REFLECTIONS VENTURE LLC

PLEASE RETURN A STAMPED COPY

CHECK: #9782

AMOUNT: \$125.00

THANK YOU

ARTICLES OF ORGANIZATION
OF
REFLECTIONS VENTURES LLC

ARTICLE I
NAME

The name of this Limited Liability Company shall be **REFLECTION VENTURES LLC** (the "Company").

ARTICLE II
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be 8950 SW 74th CT, Suite 1901, Miami, FL 33156, and such other place or places as the member from time to time may determine. The mailing address of the Company is 8950 SW 74th CT, SUITE 1901, MIAMI, FL 33156.

ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT

The initial registered agent of the Company shall be **Atrium Registered Agents, Inc.** The address of the initial registered agent is **8950 S.W. 74th Court, Suite 1901, Miami, FL 33156.**

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company. The name and address of the manager who will serve as manager until the first annual meeting of members or until her successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

NINA TIBBLE
c/o 8950 SW 74th Ct, Suite 1901
Miami, FL 33156

ARTICLE V
PURPOSE OF THE COMPANY

This limited liability company may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory, or nation individually but not limited to buy and sell securities and to trade options.

IN WITNESS WHEREOF, the undersigned has caused these **Articles of Organization** to be executed on the 7th day of December, 2023, effective upon filing same with the **Florida Department of State**.

BY: _____


Todd N. Rosenberg, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited liability company is:


REFLECTIONS VENTURES LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
8950 S.W. 74th Court
Suite 1901
Miami, FL 33156

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.

ATRIUM REGISTERED AGENTS, INC.

By: 
Todd N. Rosenberg, Vice President

Date: December 7, 2023

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