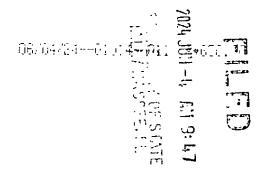
CBP PPSONOPIJ

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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	(CORPORATE NAME AND DOCI	MENT#)	
SPECIA	AL INSTRUCTIONS:		

COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	Loch Ibis 22 Ventures LLC		
		Limited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this	matter to the following:	
	Jason Matthews		
		Name of Person	
		Firm/Company	
	301 W Platt St., #A343		
		Address	
	Tampa, FL 33606		797
	I WOT A DW	City/State and Zip Code	
-	Jmatt@TeamABV.com	sed for future annual report notification	n) - T
	·	·) है। जिल्ला के किया है। अर्ज जिल्ला
For further i	nformation concerning this matter, plo	ease call:	
	N	_at (412) 414-4405 ame of Person Area Code	900) JUNI - IV EN 9: 47
	Da	sytime Telephone Number	
Enclosed is	s a check for the following amount:		
\$125.00 Fi	iling Fee X \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporation Clifton Building	ons

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLESOFORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Loch	bis 22 Ventures LLC	
(Must c	ontain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and stree	t address of the principal office of the Lir	nited Liability Company is:
	sipal Office Address: 343 Tampa, FL 33606	Mailing Address:
Limited Liability Compa ner business entity with	an active Florida registration.)	Agent's Signature: gent. You must designate an individual or
e Limited Liability Compa ther business entity with a	my cannot serve as its own Registered Ag	
e Limited Liability Compa ther business entity with a	any cannot serve as its own Registered Agan active Florida registration.) The address of the registered agent are: Jason Matthews Name	
e Limited Liability Compa other business entity with a	any cannot serve as its own Registered Agan active Florida registration.) The address of the registered agent are: Jason Matthews	
he Limited Liability Compa other business entity with a	any cannot serve as its own Registered Agan active Florida registration.) The address of the registered agent are: Jason Matthews Name	tent. You must designate an individual or

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason Matthews
	301 W Platt St., #A343 Tampa, FL 33606
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) The date inserted in this block does to	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a need to be a the Department's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department's Country of the provisions, if any. REOLURED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records.