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FLORIDA LIMITED LIABILITY CO. NCF VENTURES, LLC

Certificate of Status	0
Certified Copy	: 1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

NCF VENTURES, LLC

a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

NCF VENTURES, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

1543 2nd Street Sarasota, FL 34236

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Gregory S. Band, Esq. 1543 2nd Street Sarasota, FL 34236

ARTICLE IV EFFECTIVE DATE

The effective date of filing of these Articles of Organization is AUNIST 28, 2024.

Audit# (((H24000289460 3)))

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ARTICLE V MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more, Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 28th day of AVQVS+____, 2024.

By: Cregory S. Band, Esq.

"AUTHORIZED REPRESENTATIVE"

Audit# (4 H24000289460 377)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

NCF VENTURES, LLC

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

> Gregory S. Band, Esq. 1543 2nd Street Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

"REGISTERED AGENT"

Audit# (((H24000789460 3)))

