From: Daylen F

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6381

: (614)573-3996

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ncotto@turnberry.com

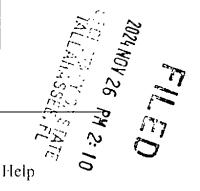
FLORIDA LIMITED LIABILITY CO.

STEP Ventures LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



From: Daylen Pl

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The name of the Limited Liability Company is:

STEP Ventures LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

 19501 Biscayne Blvd., Suite 400
 19501 Biscayne Blvd., Suite 400

 Aventura, FL 33180
 Aventura, FL 33180

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the 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)

PlantationFlorida33324CityStateZip

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..

C T Corporation System

By: Denis: Bell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

		Name and Address:	
"AMBR" = A	uthorized Member		
"MGR" = Mai	nager		
MGR		Jacquelyn R. Soffer	
111010		19501 Biscayne Blyd., Suite 400	_
		Aventura, FL 33180	
			
43 MP		Devial Marchalana	
AMBR		Daniel Marinberg 19501 Biscayne Blyd., Suite 400	
		Aventura, FL 33180	
		Avenua, 11, 23100	
41700		A1 11 TC 8	
<u>AMBR</u>		Aly-khan Merali	
		19501 Biscayne Blvd., Suite 400 Aventura, FL 33180	
		Avenura. PL 33180	
			
(Usc attachmer	nt if necessary)		
	e date on the Departme	ot meet the applicable statutory filing requirements, this date will nent of State's records.	or or usion as
			
			
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