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(Requestor's Name)						
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COVER LETTER

				y ,					
TO:		egistration Section ivision of Corporations							
CHO TE	CT.	Valen	ao	Group					
SUBJE	CI		<u> </u>	Name of Limi	ted Liabi	lity Con	npany		and the state of t
The enc	losed	Article	s of	Organization and fee(s) are	submitte	d for fil	ing.		
Please r	eturn	all corr	espo	ndence concerning this ma	ter to the	followi	ng:		
<u> </u>	Karii	na E.	Jau	regui Laurato	Nama	f Person		_,	
					Name o	i reison			
<u>\</u>	/ale	ngo G	rou	ip, L.L.C.					
					Firm/C	ompany			
3	3710) W Le	eon	a St.					
					Add	iress			
-	Tam	pa, Fl	oric	a, 33629					
-				С	ity/State a	nd Zip C	ode		
<u>n</u>	nmla	aurato	@0	mail.com					
				E-mail address: (to be used	for future	annual r	eport notification	on)	
For furt	her in	formati	on c	oncerning this matter, pleas	e call:				
Karina	E.			Laurato	_ at (81		600978		No. No. 1
		Na	me o	f Person		Area Co	ode & Daytime	ı elep	none number
Enclose	ed is	a checl	k fo	r the following amount:					
⊒\$ 125.0	00 Fi	ling Fe	е	■\$130.00 Filing Fee & Certificate of Status	Ce	rtified (iling Fee & Copy copy is enclosed		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regist Divisi Cliftor 2661 I	Courier Add ration Section on of Corpora n Building Executive Cen assee, FL 323	tions	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFECT" =			
The name of the Limited Liability Company is:	3-79-2013			
Valengo Group, L.L.C.				
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3710 W Leona St.	3710 W. Leona St,Tampa			
Tampa, FI, 33629	Tampa, FI, 33629			
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re-				
Karina E. Jauregui Laurate				
Name	gistered agent are:			
3710 W. Leona St.	開始 圣日			
Florida street add	ress (P.O. Box NOT acceptable)			
Tampa, FL, 33629	FL S			
City, Star	te, and Zip			
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of			

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 608, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

٠,٠	<u>Title:</u> "MGR" = Manager "MGRM" = Managin	g Member	Name and Address:
	MGR		Karina E. Jauregui Laurato 3710 W. Leona St., Tampa, FL
	MGRM		Maria A . Ariztizabal Jauregui 3710 W. Leona St., Tampa, FL
(If an	(Use attachment if ne CLE V: Effective date, effective date is listed to or 90 days after the	, if other than the dat , the date must be	e of filing: <u>03 - 19 - 2013</u> . (OPTIONAL) specific and cannot be more than five business days
	REQUIRED SIGNA	ATURE:	an authorized representative of a member.
	(In accordan constitutes a I am aware t	nce with section 608.408 in affirmation under the that any false informatio	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
		Korina. Typed	6. Toure of Lourato or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)