

L16000165906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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W16-51369

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2016 SEP - 7 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OhVal Productions LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ohmar Valentin

Name of Person

Ohval Productions LLC

Firm/Company

11401 NW 89TH Apt. 217

Address

Doral, FL 33178-1776

City/State and Zip Code

ohval.productions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ohmar Valentin

787

604-8738

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2016

OHMAR VALENTIN
1141 NW 89TH APT. 217
DORAL, FL 33178-1776

SUBJECT: OHVAL PRODUCTIONS LLC
Ref. Number: W16000051369

We have received your document for OHVAL PRODUCTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00015444

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ohval Productions LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Ohval Productions LLC

11401 NW 89TH Apt. 217

Doral, FL 33178-1776

Mailing Address:

Ohval Productions LLC

11401 NW 89TH Apt. 217

Doral, FL 33178-1776

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:

Ohmar Valentin

Name

11401 NW 89TH Apt. 217

Florida street address (P.O. Box **NOT** acceptable)

Doral, FL 33178-1776

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~Principal Executive~~ **MGR = Manager**

Name and Address:

Ohmar Valentin
11401 NW 89TH Apt. 217
Doral, FL 33178-1776

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ohmar Valentin

Typed 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)