## 116000165906

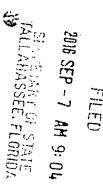
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W6-513	69	

Office Use Only



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## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT:	OhVal Productions LLC			
SOBJECT		imited Liabilit	y Company	
The enclose	ed Articles of Organization and fee(s)	are submitted f	or filing.	
Please retur	n all correspondence concerning this	matter to the fo	llowing:	
	Ohmar Valentin			
		Name of P	erson	
	Ohval Productions LLC			
		Firm/Con	ipany	
	11401 NW 89TH Apt. 217			
		Addres	SS	
	Doral, FL 33178-1776			
(	ohval.productions@gmail.com	City/State and	Zip Code	
_	E-mail address: (to be us	ed for future an	nual report notificat	tion)
For further in	formation concerning this matter, plea	ase call:		
	Ohmar Valentinat (	787	604-8738	_
	Name of Person		Daytime Telephor	ne Number
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee S130.00 Filing Fee & Certificate of Status	LCertified	Filing Fee & d Copy 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	N D C 2	Street Address New Filing Section Division of Corporat Clifton Building 661 Executive Cent Fallahassee, FL 323	ter Circle



## 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), AuthorizedPerson (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:		FILES
The name of the Limited Liability Company is:		FILED
		2016 SEP - 7
Ohval Productions LLC		2016 SEP -7 AM 9: 04
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	TALLAHASSEE, FLORIDA
	, , , , , , , , , , , , , , , , , , , ,	MASSEE, FLORIDA
ARTICLE II - Address:		-5.110/4
The mailing address and street address of the principal office of the L	limited Liability Company is:	
Principal Office Address:	Mailing Add	lress:
Ohval Productions LLC	Ohval Productions LLC	
11401 NW 89TH Apt. 217	11401 NW 89TH Apt. 217	
Doral, FL 33178-1776	Doral, FL 33178-1776	
ARTICLE III - Registered Agent, Registered Office, & Registere		
(The Limited Liability Company cannot serve as its own Registered A	Agent. You must designate an ir	ndividual 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	
daving been named as registered agent and to accept service of process		
place designated in this certificate. I hereby accept the appointment as r		
urther agree to comply with the provisions of all statutes relating to the im familiar with and accept the obligations of my position as registered		
and a second the sound in the second the sec	agem as providea for in enaple	
G)/ ,// <del>/</del>		
- Upulate		
Registered Agent's	Signature (REQUIRED)	
(CONTIN	UED)	
•		

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	2016 SEP - 7
		Ç.;
"MGR" = Manager Principal Executive MGR: Manager	Ohmar Valentin	JALLAHASSEE
Time par Excourive— Jija Ke Marris	11401 NW 89TH Apt. 217	SEE
	Doral, FL 33178-1776	
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  LE V: Effective date, if other than the date of fifective date is listed, the date must be specific		
LE V: Effective date, if other than the date of fi	c and cannot be more than five busi the applicable statutory filing require	ness days prior to or 90 da
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)