117000021415

(Re	equestor's Name)	
(110	questor s rearrie)	
(Ad	idress)	<u> </u>
(/.0	iano o o y	
(Ad	Idress)	
(//0	iuicss)	
(Cit	ty/State/Zip/Phone	- #\
(CII	ty/Otate/Zip/Filone	Σπ)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	· · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		
·		

•

Office Use Only



700294645037

17 月 26 円 4:27

2011 JAN 25 AN 8: 36

ţ;

C. GOLDEN JAN 3 0 2017

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/26/17

NAME:

VALDOR, LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	Æ.I	I	Nn	me	•

The name of the Limited Liability Company is:

2017 Juli 26 111 8: 36

VALDOR, LLC

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

ARTICLE Π - Address:

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

Principal Office Address:

Mailing Address:

1990 S. BUNDY DRIVE SUITE 200 LOS ANGELES, CA 90025 LOS ANGELES, CA 90025

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:

REGISTERED AGENT SOLUTIONS, INC.

Name

155 OFFICE PLAZA DRIVE SUITE A

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

TALLAHASSEE

FL

32301

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..

INULL, Sandra Linares, Assistant Secretary egistered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Pitle;</u>	Name and Address:
AMBR - Authorized Member	
MGR" = Manager	
MGR.	LEAHIGYIMAH
	1990 S. BUNDY DRIVE SUITE 200
	LOS ANGELES, CA 90025
AMBR	HENRY CAVILL
	1290 S. BUNDY DRIVE SUITE 200
	LOS ANGELES, CA 90025
AMBR.	SIMÓN CAVILL
<u></u>	1990.8, BUNDY DRIVE SUITE 200
	LOS ANGELES, CA 90025
•	
	,
	·
Use attachment if necessary)	
igjing") trac dùte is tisten' the diaid wast ne shi	ecing sing estimor of more must take districts (max birder to or ac
filing.) a date inserted in this block does not a cut's effective date on the Department of	receive and cannot be more man tive numbers mys prior to or re-
filing.) as date inserted in this block does not a cut's effective date on the Department of	receive and cannot be more man tive numbers mys prior to or re-
tive unters intent, the unit must be spinifing.) 18 date inserted in this block does not ment's effective date on the Department of VI:: Other provisions, if any.	receive and cannot be more man tive numbers mys prior to or re-
tive unters using, the unit must be spinished, as data inserted in this block does not ment's effective date on the Department of VI:: Other provisions, if any.	receive and cannot be more man tive numbers mys prior to or re-
tive unters using, the unit must be spiriling.) as date inserted in this block does not need a effective date on the Department of VI.: Other provisions, if any. EQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will no
filing.) the date inserted in this block does not ment's effective date on the Department of VI:: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mentile document is execute	neet the applicable statutory filing requirements, this date will no of State's records. The state of an authorized representative of a member, and in accordance with section 605,0203 (1) (b). Morida Statutes.
tive unters using, the unit must be spiriling.) as date inserted in this block does not ment's effective date on the Department of VI::Other provisions, if any. EOUIRED SIGNATURE: Signature of a ment of this document is executed and aware that any false.	neet the applicable statutory filing requirements, this date will no of State's records. The state's records and authorized representative of a member, and in accordance with section 605,0203 (1) (b). Thorida Statutes information submitted in a document to the Department of State.
illing.) as date inserted in this block does not ment's effective date on the Department of VI::Other provisions, if any. EOURED SIGNATURE: Signature of a mentile department is executed. Lam aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not state's records. The state's records are an authorized representative of a member, and in accordance with section 605,0203 (1) (b), Plottida Statutes information submitted in a document to the Department of State felony as provided for in a 817.155, F.S.
illing.) 10 date inserted in this block does not ment's effective date on the Department of VI::Other provisions, if any. ECOURED SIGNATURE: Signature of a mention department is executed that any false constitutes a third degree	neet the applicable statutory filing requirements, this date will no of State's records. The state's records and authorized representative of a member, and in accordance with section 605,0203 (1) (b). Thorida Statutes information submitted in a document to the Department of State.
illing.) 10 date inserted in this block does not ment's effective date on the Department of VI::Other provisions, if any. ECOURED SIGNATURE: Signature of a mention department is executed that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will no of State's records. The state of an authorized representative of a member, and in accordance with section 605,0203 (1) (b), Morida Slatutes, information submitted in a document to the Department of Sinte felony as provided for in s.817.155, F.S. LEAH GYIMAH - MANAGER Typed or printed rame of signee
illing.) 18 date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a mention aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will no of State's records. The state's records. The state of an authorized representative of a member, and in accordance with section 605,0203 (1) (b). Thorida Sintains information submitted in a document to the Department of State felony as provided for in s. 817.155, F.S. LEAH GYIMAH - MANAGER

Page 2 of 2