

OCT/17/2019/THU 02:05 PM

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**L190000** <sup>FILE</sup> **251205** 001/003

Division of Corporations

Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
VALUED WHOLESALE LLC

C RICO  
OCT 17 2019

Certificate of Status	0
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Page Count	03
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19 OCT 17 PM 1:13  
DIVISION OF CORPORATIONS

2019 OCT 17 PM 2:24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

VALUED WHOLESALE LLC

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

ARTICLE II - Address:  
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2126 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

2126 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

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:

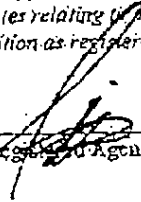
CARMENATES LAW FIRM, PA  
Name

3470 NW 82 AVE., STE 906  
Florida street address (P.O. Box NOT acceptable)

DORAL                      FL                      33166  
City                      State                      Zip

19 OCT 17 PM 10 13  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

*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:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MAURICIO CAICEDO

2126 HOLLYWOOD BLVD.

HOLLYWOOD, FL 33020

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

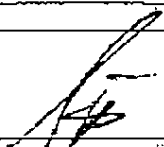
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.