

5/28/2011

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
VALIDIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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T. BURCH
JUN 7 2021

To: 18506176381 From: 12147128131 Date: 06/04/21 Time: 9:51 AM Page: 02/04
To: 12143174754 From: Anonymous Date: 06/04/21 Time: 6:08 AM Page: 01
850-617-6381 6/4/2021 9:08:15 AM PAGE 1/001 Fax Server



June 4, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGAL INC CORPORATE SERVICES INC

SUBJECT: VALIDIN, LLC
REF: W21000080662

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

MISSING COVER FAX SHEET,

Please return 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.

Shareta Backey
Regulatory Specialist II

FAX Aud. #: H21000215300
Letter Number: 821A00012133

(((H21000215300 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

VALIDIN, 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:

2049 Caledonia Place
Melbourne, FL, US, 32940

2049 Caledonia Place
Melbourne, FL, US, 32940

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.

LEGALINC CORPORATE SERVICES INC.
Name

5237 SUMMERLIN COMMONS BLVD, SUITE 400
Florida street address (P.O. Box NOT acceptable)


FORT MYERS FL 33907
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -4 AM 9:08

ED

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)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

KATHLEEN KINION
2049 Caledonia Place
Melbourne, FL, US, 32940

AMBR

KENNETH KINION
933 East Rock Springs Road Northeast
Atlanta, GA, US, 30306

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

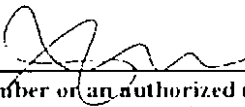
ARTICLE V: Effective date, if other than the date of filing. _____ (OPTIONAL)

(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.

Anna Manukyan

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)

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