# Florida Department of State

Division of Corporations Public Access System

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Account Name

: PAUL SALVER, P.A.

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Phone

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## LIMITED LIABILITY COMPANY

Val's Restaurante, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Val's Restaurante, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6244 Mourning Dove Way, Hobe Sound, FL 34996

	Registered Agent, Regis Florida street address of	stered Office, & Registered Agen f the registered agent are:	t's Signatures 03 FEB
	Raymond Reiser, Esq.		
	Name		- SST 27
	7150 W. 20th Avenue, Suite 412		
	Florida street address (P.O. Box NOT acceptable)		_ 5° 9 C
	Hialeah,	<sub>FL</sub> 33016	_ 85 02
		City, State, and Zip	
liubility company registered agent statutes relating	) at the place designated i and agree to act in this ca to the proper and complet	nd to accept service of process for the this certificate, I hereby accept the spacity. I further agree to comply we performance of my duties, and I agistered agent as provided for in Ch	e appointment as rith the provisions of all im familiar with and

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts sized become are true.)

Frank N. Todd, Member

Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)