

L03000043393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

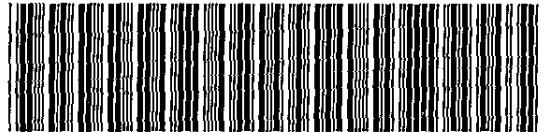
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 NOV 10 AM 11:06

DIVISION OF CORPORATION

BK

FILED
03 NOV 10 PM 12:57
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

FILED
NOV 10 PM 12:51
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 314230 89162A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

ORDER DATE : November 7, 2003

ORDER TIME : 8:47 AM

ORDER NO. : 314230-005

CUSTOMER NO: 89162A

CUSTOMER: Maurice J. Baumgarten, Esq
Anania, Bandklayder,
Blackwell, Baumgarten, Torrice
Suite 4300, Bank Of America
Tower 100 Southeast Second
Miami, FL 33131

DOMESTIC FILING

NAME: VAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
03 NOV 10 PM 12:57
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

3814 Curtiss Parkway
Virginia Gardens, FL 33166

Mailing Address:

3814 Curtiss Parkway
Virginia Gardens, FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Maurice J. Baumgarten

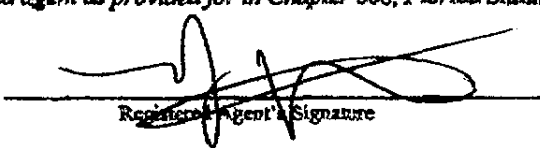
Anania Bandklayder Blackwell, et al.
100 S.E. 2nd Street, #4300

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

Miami, FLORIDA 33131

City, State, and 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 608, Florida Statutes.


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Vito La Forgia

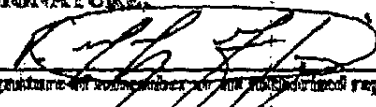
3814 Curtiss Parkway

Virginia Gardens, FL 33166

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

VITO LA FORGIA

Typed or printed name of signer

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)