

L04000057361

(Requestor's Name)

(Address)

(Address)

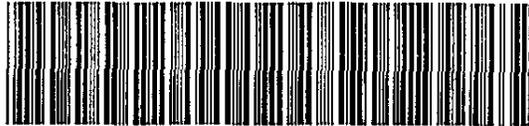
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



500039623345

07/30/04--01032--003 **125.00

Special Instructions to Filing Officer:

Name	
Availability	
Document Number	D.

Office Use Only

Document	D.
Verityer	DCC

FILED
AUG 30 P 2:31
SECRETARY OF STATE
TAMPA FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALIANT CAPITAL, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM HABERMAN
(Name of Person)

VALIANT CAPITAL, LLC
(Firm/Company)

100 EAST SYBELIA AVENUE, #105
(Address)

MAITLAND, FL 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM HABERMAN at (407) 331-6404
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TELEPHONE
201 JUL 30 P 2 31
FILED

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALIANT CAPITAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

100 EAST SYBELIA AVE.
SUITE #105
MAITLAND, FL 32751

Mailing Address:

100 EAST SYBELIA AVE.
SUITE #105
MAITLAND, FL 32751

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

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

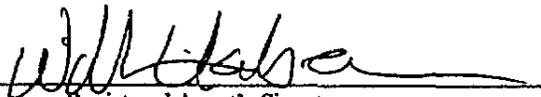
WILLIAM HABERMAN
Name

100 EAST SYBELIA AVE. #105
Florida street address (P.O. Box **NOT** acceptable)

MAITLAND, FLORIDA 32751
City, State, and Zip

RECEIVED
JUL 30 P 2:31
MILBURN

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM HABERMAN
900 PONDVIEW COURT
CELEBRATION, FL 34747

MGRM

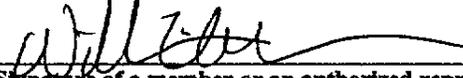
JOHN MCDOWELL
5409 MYRICA RD.
ORLANDO, FL 32810

(Use attachment if necessary)

2009 JUL 30 P 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:


Signature of a 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.)

WILLIAM HABERMAN
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)