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TALLAHASSEE, FL 32301

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VALDES ENTERPRISES OF SOUTH FLORIDA, 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:

YENISBEL VALDES

(Name of Person)

(Firm/Company)

5280 NW 7TH STREET #309

(Address)

MIAMI, FLORIDA 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

YENISBEL VALDES

(Name of Person)

at ( 786 ) 282-4169

(Area Code & Daytime Telephone Number)

SECRET  
TALLAHASSEE, FL

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**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:

VALDES ENTERPRISES OF SOUTH FLORIDA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4397 WEST 16 AVENUE

HIALEAH, FLORIDA 33012

**Mailing Address:**

4397 WEST 16 AVENUE

HIALEAH, FLORIDA 33012

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

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

YENISBEL VALDES

Name

4397 WEST 16 AVENUE

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

HIALEAH, FLORIDA 33012

FLORIDA

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

Yenisbel Valdes

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:**

"MGR"

YENISBEL VALDES  
4397 WEST 16 AVENUE  
HIALEAH, FLORIDA 33012

"MGR"

SANDRA M. SOSA  
4397 WEST 16 AVENUE  
HIALEAH, FLORIDA 33012

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Yenisbel Valdes

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.)

YENISBEL VALDES

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)