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October 5, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

**************************************	Valu-Ma	x, LLC
	ASSAL ASSAL	T CD
	Filing Evidence  □ Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status
	2 Trans Commination Copy	a Coramonic of Santas
	⊠ Certified Copy	□ Certificate of Good Standing
		□ Articles Only
		☐ All Charter Documents to Include
	Retrieval Request	Articles & Amendments
	□ Photocopy	☐ Fictitious Name Certificate
	☐ Certified Copy	□ Other
	NEW FILINGS	AMENDMENTS
-	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

#### ARTICLES OF ORGANIZATION OF VALU-MAX, LLC

#### <u>ARTICLE I</u> NAME

OF STATE OF SO The name of this Limited Liability Company shall be VALU-MAX, LLC (the "Compa

#### <u>ARTICLE II</u> PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be 9949 N.W. 89th Avenue, Unit #8, Medicy, Plorida 33178, and such other place or places as the member from time to time may determine. The mailing address of the Company is 9949 N.W. 89th Avenue, Unit #8, Medley, Florida 33178.

## REGISTERED AGENT

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name and address of the manager who will serve as manager until the first annual meeting of member or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

> Erik Sanudo 9949 N.E. 89th Avenue Unit #8 Medley, FL 33178

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 5th day of October, 2004, effective upon filing same with the Florida Department of State.

BY:

Dennis Ginsburg, Authorized Representative

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN FLORIDA.

1. The name of the limited liability company is:

VALU-MAX, LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc. 1500 San Remo Avenue, Suite 125 Coral Gables, Florida 33146

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

ATRIUM REGISTERED AGENTS INC.

Bv:

Dennis Ginsburg, Vice President

Date: Oct 5) , 2004