

L05000009888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

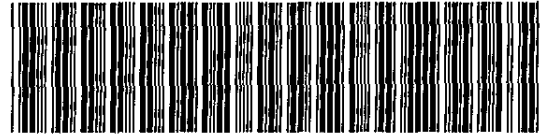
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05 JAN 31 AM 9:15

STATE  
TALLAHASSEE, FLORIDA

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05 JAN 31 PM 4:02

STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 174235-7361995

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 125.00

FILED  
05 JAN 31 AM 9:15  
TALLAHASSEE, FLORIDA

ORDER DATE : January 31, 2005

ORDER TIME : 3:14 PM

ORDER NO. : 174235-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.  
Garcia-oliver & Mainieri, P.a.

Suite 447  
782 N.w. Le Jeune Road  
Miami, FL 33126

DOMESTIC FILING

NAME: VALHALLA TRADE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Valhalla Trade, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1534 Sopera Avenue  
Coral Gables, Florida 33134

**Mailing Address:**

1534 Sopera Avenue  
Coral Gables, Florida 33134

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

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

Garcia-Oliver & Mainieri, P.A.  
Name  
782 Le Jeune Rd. Suite 447  
Florida street address (P.O. Box **NOT** acceptable)  
Miami FL 33126  
City, State, and Zip

FILED  
05 JAN 31 AM 9:15  
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TALLAHASSEE, FLORIDA

*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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**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

Adriana Salzedo

1534 Sopera Avenue

Coral Gables, Florida 33134

MGR

Denise Romano

1534 Sopera Avenue

Coral Gables, Florida 33134

Member

Natalia Gaitan

1534 Sopera Avenue

Coral Gables, Florida 33134

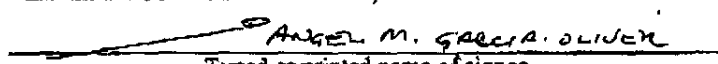
(Use attachment if necessary)

**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.)

  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)