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2005 FEB 21 A 1:29
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALLEE FINANCIAL & TAX SERVICE, 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:

LOUIS A VALLEE
(Name of Person)

VALLEE FINANCIAL & TAX SERVICE
(Firm/Company)

5109 GLADE CT
(Address)

CAPE CORAL, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS A VALLEE at (239) 945-1244
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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JUN 21 A 7:29
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALLEE FINANCIAL & TAX SERVICE, LLC

ARTICLE II - Address:

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

Principal Office Address:

5109 GLADE CT
CAPE CORAL, FL 33904

Mailing Address:

5109 GLADE CT
CAPE CORAL, FL 33904

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

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

LOUIS A VALLEE

Name

5109 GLADE CT

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

CAPE CORAL, FL 33904

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, F.S.

L. Vallee

Registered Agent's Signature

(CONTINUED)

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OFFICE OF THE
CLERK OF THE
COURT
STATE OF FLORIDA

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

"MGRM" = Managing Member

LOUIS A VALLEE

CAPE CORAL, FL 33904

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STREET
TALLAHASSEE, FLORIDA