

L05000038530

Florida Department of State

2005-04-20 13:55 (GMT)

1058477673 From: Jhair Romero

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000097295.3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : WILLIAMS & MORRIS, P.A.
Account Number : T20030000059
Phone : (305) 467-2802
Fax Number : (305) 688-1682

LIMITED LIABILITY COMPANY

Deutsche Valuations, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	43
Estimated Charge	\$130.00

Name	
Available	Electronic Filing Menu
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Address	DCC
V. P. Verifier	DCC

<https://efile.sunbiz.org/scripts/efilecovr.exe>

Corporate Filing

Public Access Help

2:05 APR 20 A 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

04/20/05

((H05000097295 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEUTSCHE VALUATIONS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4251 SW 159TH AVENUE
MIAMI, FLORIDA 33185

SAME

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

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

JOFRE VALENCIA

Name

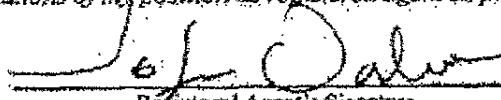
4251 SW 159TH AVENUE

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

MIAMI, FLORIDA 33185

FL
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.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
ALAN HARRIS, FLORIDA

2005 APR 20 A 9:43 AM

FILED

((H05000097295 3))

((H05000097295 3))

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

JOFRE VALENCIA

4251 SW 159TH AVENUE

MIAMI, FLORIDA 33185

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of 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.)

JOFRE VALENCIA

Typed or printed name of signer

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)

FILED
2005 APR 20 A 9 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H05000097295 3))