105000043411

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #f)
(5.7)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sosamon rambol)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

PF \$125



100048198341

04/28/05--01015--012 **155.00



105-43411

TRANSMITTAL LETTER

TO: Registration S Division of C				
SUBJECT: Vallery	Investment Properties, LLC			
	(Name of Limite	d Liability Company)		
	of Organization and fee(s) are s	-		
1 10000 100011 01. 001101	.p.v	a to the following.		
		Mark G. Vallery		
	(Name of Person)			
	Valler	y Custom Homes, Inc.		
(Firm/Company)				
	000 5-	-4 Euler FO		
	300 E8	st Highway 50	 	
		(Address)		
	Clermon	t, FL 34711		
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
	, , , , , , , , , , , , , , , , , , ,	 -		
Mark G. Vallery		at (352) 394-0614		
	e of Person)	(Area Code & Daytime T	elephone Number)	
· ·	·		•	
Enclosed is a check t	for the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	Ø \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
Cidente	eer annece	****		
STREET ADDRESS:		MAILING A	DDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

valiery investr	Vallery Investment Properties, LLC				
ARTICLE II - Address: The mailing address and street addres	s of the princ	cipal office of the l	Limited Liability Company is		
Principal Office Address:	<u>I</u>	Mailing Address:			
300 East Highway 50	3	00 East Highway 50)		
Clermont, FL		lermont, FL			
34711	, -	34711			
	Mark G. Valle Name	<u>. </u>	 .		
	East Highway				
Florid	da street addres	s (P.O. Box <u>NOT</u> acc	eptable)		
	mont F	L 34711			
(City, State, and	Zip			
Having been named as registered age liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position. Pagint	gnated in this pis capacity. I omplete perfo	certificate, I hereb I further agree to co rmance of my dutie red agent as provid	y accept the appointment as omply with the provisions of a es, and I am familiar with and		

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u> Fitle:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Managing Member	Mark G. Vallery
	300 East Highway 50
	Clermont, FL 34711
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Mark	nolly
Signature of a mem	ber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
of this document con	nstitutes an affirmation under the penalties of perjury
that the facts stated	d herein are true.)

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)

Mark G. Vallery
Typed or printed name of signee