

L 05000050803

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.**

(((H05000128486 3)))

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

RECEIVED  
05 MAY 20 PM 3:16  
DIVISION OF CORPORATION

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
05 MAY 20 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

eduval, l.l.c.

5/20/05

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

3/

(3)

405000 128480

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**EDUVAL, L.L.C.**

**ARTICLE I**

The name of the Limited Liability Company shall: EDUVAL, L.L.C.

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

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

**MAILING ADDRESS:** 9737 NW 41<sup>st</sup> STREET, #615, MIAMI, FL 33178

**PRINCIPAL ADDRESS:** 31 SE 5<sup>th</sup> STREET, UNIT 915, MIAMI, FL 33131

**ARTICLE IV**

The name of the Managing Member(s) for this company shall be:

SELEIDA M. PEREZ

10556 NW 26<sup>th</sup> STREET  
SUITE D-101  
DORAL, FL 33172

EDUARDO C. PEREZ

10556 NW 26<sup>th</sup> STREET  
SUITE D-101  
DORAL, FL 33172

**ARTICLE V**

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26<sup>th</sup> STREET, SUITE C201, DORAL, FL 33172

405000 128480

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 20 AM 9:41

FILED

H05000128486

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**EDUVAL, L.L.C.**

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

**CABANAS & ASSOCIATES, P.A.**

Registered Agent

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.)

**JOSEPH F. CABANAS**

Typed or Printed Name of Signee

**FILED**

05 MAY 20 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H05000128486