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(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer.
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SECRETARY OF STATE
ARELAHASSEE. FLORIDA

TRANSMITTAL LETTER

TO: Registration Section	·	
Division of Corporations		
SUBJECT: Values and Values, LLC		
(Name of Lim	ited Liability Company)	
(Name of Dim	nou Diability Company)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
rease return an correspondence concerning this ma	ther to the following.	
Michael Lapat		
	(Name of Person)	
Law Offices of Michael Lapat		
	(Firm/Company)	
3300 University Drive, Suite 311		
	(Address)	
Coral Springs, Florida 33065		
(Ci	ity/State and Zip Code)	
For further information concerning this matter, please	se call:	
71		
Kristine Cobban	at (954) 345-6442	
(Name of Person)	at (954) 345-6442 (Area Code & Daytime Telephone Number)	
(Ivalie of Telson)	₹	
Enclosed is a check for the following amount:	AR J	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	& Ø \$155.00 Filing Fee & 🗆 \$160 mariling Fee,	
Certificate of Status	Certified Copy Certifical Statut &	
Continuate of Savas	(additional copy is enclosed) Certified Copy	
	(additional copy is enclosed)	
	MAILING ADDRESS: STATE S	
CTREET ANDRECO.	MAILING ADDRESS:	
STREET ADDRESS: Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee Florida 32399	Taliahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company:	
	is:
Values and Values, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15871 SW 14 Street	15871 SW 14 Street
Pembroke Pines, FL 33027	Pembroke Pines, FL 33027
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	ed Office, & Registered Agent's Signature: e registered agent are:
Ranga Chary	
Ranga Chary Nan	ne
P	ne
Nan 15871 SW 14 Street	address (P.O. Box <u>NOT</u> acceptable)
Nan 15871 SW 14 Street	
Nan 15871 SW 14 Street Florida street a	address (P.O. Box <u>NOT</u> acceptable) FL 33027

(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	Ranga Chary		
2	15871 SW 14 Street		
	Pembroke Pines, FL 33027		
		;	
			
		. 12.	
			,
		·	
NOTE: An additional article must b	oe added if an effective date is rec	quested.	
	je her		
Signature of a member	or an authorized representative of a m	ember.	
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the executes an affirmation under the penalties of rein are true.)	ution peripry PS 3	
Ranga Chary		CS L	7
Турс	ed or printed name of signee	対量	
Filing Fees:		RY OF	m
\$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional)	ization and Designation	P 12: 54 OF STATE OF LORIDA	J
\$ 5.00 Certificate of Status (Optional)		Em E	