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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

LIMITED LIABILITY COMPANY

VALDEALCALA LLC

Certificate of Status	O
Certified Copy	1
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Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is:

### Valdeskala LLC

ARTICLE II: Address:

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

348 Brickell Avenue, Suite 830, Miami, FL 33131

ARTICLE III: Registered Agent, Registered Office & Registered Agent's signature:

The name and address of the of the registered agent is: Miguel A. Martin, Esq., M.A. Martin & Associates, P.A., 848 Brickell Avenue, Suite 830, Miami, Florida 33131.

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 appointments 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 508, F.S.

Registered Agent's Signature

ARTICLEAV: Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of the initial Manager is:

Jose Rivera, 380 Heather LN, Key Biscayne, Florida 33149

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(in accordance with section 608.408(3), Florida Stanues the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are

Miguel A. Martin, Esq.
M.A. Martin & Astociates, P. 4
848 Brickell Avenue, Suite 870
Miami, Florida 33131