105000093840

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

TO: Registration Se Division of Co	um austiau s			
<	NA	LLEY		
SUBJECT:		UNTAIN EQ d Liability Company)	VITIES LL	į
	(Name of Limite	a Chaptility Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	70DD C.	DISNER		
	Q	Name of Person)		
				
	(1	Firm/Company)		
202	81 E. COUN	ITRY CLUB. D	SUITE R #601	
		(Address)	*	
	,	~ ~ ~		
	AVENTURA	EL 3318	ر ن <u>چر</u>	ټ
	(City/	State and Zip Code)		
For further information	concerning this matter, please	call:	ر معرب در معرب	
7000 C.	DISNER	at (786 942 (Area Code & Daytime Te	1689 SAA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	Ç
Enclosed is a check for	or the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
CHIP		***		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 16, 2005

TODD C. DISNER 20281 E COUNTRY CLUB DR #601 AVENTURA, FL 33180

SUBJECT: SILVER VALLEY EQUITIES, L.L,C.

Ref. Number: W05000043154

We have received your document for SILVER VALLEY EQUITIES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 405A00057217

Marsha Thomas Document Specialist

District of Communities B O DOV COOF Wellshows Elected 2001

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SILVER	VALLEY HOUNTAIN	EQUITIES	LLC		
ARTICLE II - Address The mailing address and		incipal office of the	Limited Liability	Company i	s:
Principal Office Addre	<u> </u>	Mailing Address:	<u>:</u>		
2028/ E. # 60/ AVENT VQ ARTICLE III - Registe	4 FL 33,50	HOD)	VAA, EL	331	Br. To
The name and the Florid	Name	7000	DISNE		
	Florida street add VENTUA City, State, a	ress (P.O. Box <u>NOT</u> ac	ceptable)	LORIDA LORIDA	ou 9:39
•	registered agent and to a the place designated in t				ed .

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)

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(Use attachment if necessary)

Title:

"MGR" = Manager

UG-RM

"MGRM" = Managing Member

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

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

Name and Address:

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

REQUIRED SIGNATURE;

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.)

Typed or printed name of signee

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)

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