

LO7000051491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

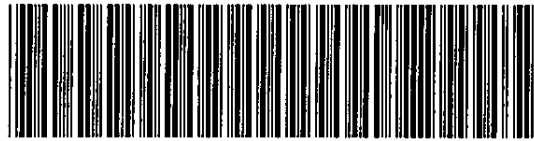
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

5-10-07

May 10, 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORvalues, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peggy Ramsey

(Name of Person)

Alliance Exchange Corp

(Firm/Company)

8108 Old Hixon Road

(Address)

Tampa FL 33626

(City/State and Zip Code)

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For further information concerning this matter, please call:

Peggy Ramsey

(Name of Person)

at (813) 920-1031

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ARTICLE I – Name

The name of the Limited Liability Company is:

CORvalues, LLC

(Must end with the words "Limited Liability Company" "Limited Company" or their abbreviation "LLC", or "L.C.")

ARTICLE II – Address

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

Principal Office Address:

Mailing Address:

7143 State Road 54
Suite 151
New Port Richey, FL 34653

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

The name and the Florida street address of the registered agent are:

Elizabeth Ludovico
Name
7143 State Road 54, Suite 151
Florida street address (P.O. Box **NOT** acceptable)
New Port Richey, FL 33653
City, State and Zip

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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 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 as provided for in Chapter 608, F.S.

Elizabeth Ludovico
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 5-10-07

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:

Managing Member

Elizabeth Ludovico
7143 State Road 54, Suite 151
New Port Richey, FL 34653

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/10/07. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Elizabeth Ludovico
(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.)

Elizabeth Ludovico
Typed or printed name of signee

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