

L070000 86403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

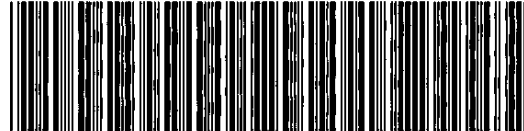
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 067455 9666A

AUTHORIZATION

COST LIMIT : \$ 125.00

FILED  
07 AUG 23 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 23, 2007

ORDER TIME : 9:57 AM

ORDER NO. : 067455-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: DEL VALLE & ASSOCIATES OF  
OCALA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
DEL VALLE & ASSOCIATES OF OCALA, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

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**FILED**  
07 AUG 23 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I.  
NAME**

The name of the Limited Liability Company is "*Del Valle & Associates of Ocala, LLC*", a Florida limited liability company (the "*Company*").

**ARTICLE II.  
ADDRESS**

The mailing address and street address of the principal office of the Company is 1823 SE Fort King Street, Suite 101, Ocala, FL 34471.

**ARTICLE III.  
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 608.401 through 608.514 of the *Florida Statutes Annotated* (the "*Act*") or the Company's Operating Agreement among the members (the "*Operating Agreement*").

**ARTICLE IV.  
MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such manager who is to serve as manager is:

Harvey Del Valle  
1823 SE Fort King Street, Suite 101  
Ocala, FL 34471

**ARTICLE V.  
PURPOSE**

The purpose for which the Company is being organized is to provide contracting, construction, remodeling, and other related services, whether within the State of Florida or outside the State of Florida, and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any

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FOR  
DEL VALLE & ASSOCIATES OF OCALA, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

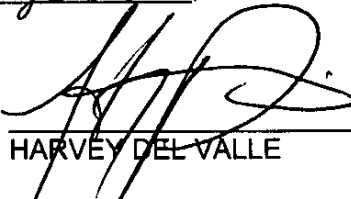
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other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.  
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

**IN WITNESS WHEREOF**, the undersigned, being one of the members of the Company, has hereunto set his hand this 22<sup>nd</sup> day of August, 2007.

  
\_\_\_\_\_  
HARVEY DEL VALLE

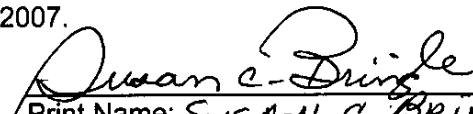
**STATE OF FLORIDA  
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION were acknowledged before me by HARVEY DEL VALLE as a member of the above named limited liability company, who is:

☒ personally known by me; OR  
☐ produced a driver's license as identification.

Dated: this 22<sup>nd</sup> day of August, 2007.

**SUSAN C. BRINGLE**  
Notary Public, State of Florida  
My comm. expires October 13, 2008  
Comm. No. DD 347939

  
Print Name: SUSAN C BRINGLE  
Notary Public, State of \_\_\_\_\_  
Commission number \_\_\_\_\_  
Commission expires \_\_\_\_\_

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

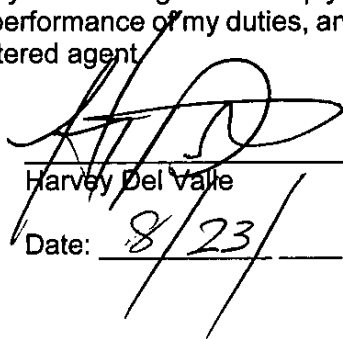
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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Del Valle & Associates of Ocala, LLC.*
2. The name and address of the registered agent and office is:

Harvey Del Valle  
1823 SE Fort King Street, Suite 101  
Ocala, FL 34471

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.

  
\_\_\_\_\_  
Harvey Del Valle

Date: 8/23, 2007