L08000083083

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700134942357

08/28/08--01009--022 **125.00

08 SEP -2 PH 2: 14
SECRETARY OF STATE

OUT of the VALLEY, LLC P.O. BOX 951419 LAKE MARY, FL 32795-1419

To: Registration Section
Division of Corporations

SUBJECT: OUT of the VALLEY, LLC

The enclosed Articles of Organization and fee is submitted for filing.

Please return all correspondence concerning this matter to the following:

F. Scott Brown P.O. Box 951419 Lake Mary, FL 32795-1419

For further information concerning this matter, please call:

F. Scott Brown 407-805-3111

Enclosed is a check for the following amount:

\$125.00 Filing Fee

Shawn, 407-312-6706

p.2

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: The name of the Limited Liability Company is:

OUT of the VALLEY, LLC

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

Principal Office Address:

3168 Winding Pine Trail Longwood, FL 32779

Mailing Address:

P.O. Box 951419 Lake Mary, FL 32795-1419

ARTICLE III: The Purpose for which this Limited Liability Company is organized is:

Any and all lawful business

ARTICLE IV: Registered Agent, Register Office, & Registered Agent's Signature:

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

F. Scott Brown 3268 Winding Pine Trail Longwood, FL 32779

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.

Registered Agent's Signature

ARTICLE V: Manager or Managing Member:

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

Title:

Name and Address:

MGMR

F. Scott Brown P.O. Box 951419

Lake Mary, FL 32795-1419

ARTICLE VI: Effective date, if other than the date of filing:

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.)

F. Scott Brown

Typed or printed name of signee

08 SEP -2 PM 2: 14
SECRETARY OF STATE
SECRETARY OF STATE