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Effective Date O9 32 09



J. BRYAN

SEP 25 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	VALRICO LA	AND INVESTMENTS	, LLC
		ed Liability Company	<u> </u>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	ROB	ERT M. DUFFEY	
		Name of Person	
			O9 SE SECT SECT
		Firm/Company	P 2
	271	8 VIOLA LANE	SSE
		Address	
	\/A1	DICO EL 22504	STATE OR
		RICO, FL 33594 ty/State and Zip Code	<u></u>
		•	
	E-mail address: (to be used	fl@tampabay.rr.com for future annual report notification)
For further information	n concerning this matter, please	e call:	
ROBE	RT M DUFFEY	at (813)	486-1589
Nam	e of Person	Area Code & Daytime To	elephone 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: VALRICO LAND INVESTMENTS, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 2718 VIOLA LANE 2718 VIOLA LANE VALRICO, FL 33594 VALRICO, FL 33594 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.) Effective Date 09 2209 The name and the Florida street address of the registered agent are: ROBERT M. DUFFEY Name 2718 VIOLA LANE Florida street address (P.O. Box NOT acceptable) VALRICO, FL 33594 City, State, and Zip 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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM ROBERT M. DUFFEY 2718 VIOLA LANE VALRICO, FL 33594 MGRM KIMBERLY DUFFEY 2718 VIOLA LANE VALRICO, FL 33594 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 9-22-09 (OPTIONA effective date is listed, the date must be specific and cannot be more than five business day 0 days after the date of filing.) REQUIRED SIGNATURE: (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.) ROBERT M. DUFFEY Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	<u>Title:</u> "MGR" = Manager	Name and Address:
MGRM KIMBERLY DUFFEY 2718 VIOLA LANE VALRICO, FL 33594 KIMBERLY DUFFEY 2718 VIOLA LANE VALRICO, FL 33594 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 9-22-09 (OPTIONA ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.) REQUIRED SIGNATURE: (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 berein are true.) ROBERT M. DUFFEY Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.00.00 Certified Copy (Optional) \$5.00 Certific Copy (Optional)		ember
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 9-22-09 (OPTIONA effective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.) REQUIRED SIGNATURE: (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.) ROBERT M. DUFFEY Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)		2718 VIOLA LANE
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Signature of a member or an authorized expresentative 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.) ROBERT M. DUFFEY 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)	LE V: Effective date, if of	her than the date of filing: 9-22-09 (OPTION)
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