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COVER LETTER

то:	Registration S Division of Co							
SUBJI	ECT:	Val	lero (Global, L	LC.			
		Name of Limit	ed Liab	ility Compa	ny			
The en	closed Articles o	f Organization and fee(s) are	submitt	ed for filing				
Please	return all corresp	ondence concerning this mat	ter to th	e following:			und	
			John	Kutch			N. C.	N 6062
			Name o	of Person			HKSSE FYSKY	2009 NOV 23
			Firm/C	Company				60 : II HW
		62	7 37th	Ave NE			2020	20 9
			Ad	dress			37	
		Saint P	etersb	ourg, FL 3	3704			
		Cit	y/State a	and Zip Code				
		jkut E-mail address: (to be used	ch2@	yahoo.co	m	\		
For fur	ther information	concerning this matter, please		с аппиантеро	n nonneado	1113		
1 01 141	the internation	concerning this matter, preasi	c can.					
		nn Kutch	_ at (727		8981662		
	Name	of Person		Area Code	& Daytime	Telephone Numbe	r	
Enclos	sed is a check for	or the following amount:						
] \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filing ertified Cop Iditional copy	у	\$160.00 F Certificat Certified (additional	e of Stati Copy	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division Clifton Bu 2661 Execution	of Corporat	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limi	Global, LLC.	
(ited Liability Company," "L.L.C" or "L.LC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	
627 37th Ave NE	627 37th Ave NE	
Saint Petersburg, FL 33704	627 37th Ave NE Saint Petersburg, FL 33704 STORY Saint Petersburg, FL 3470 STORY Saint Petersburg, FL 3	ing n
The name and the Florida street address	of the registered agent are:	
	John Kutch Name	
	7 37th Ave NE	
627		
	ess (P.O. Box <u>NOT</u> acceptable)	
	•	
Florida street addre Saint Petersbu	Lira	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Sharon Escalera 1622 Shady Oaks Dr. Oldsmar, FL 34677 MGRM John Kutch 627 37th Ave NE Saint Petersburg, FL 33704 Control of the state of filing: Use attachment if necessary) LEV: Effective date, if other than the date of filing: (OPTION	Title:	Name and Address:	
MGRM Sharon Escalera 1622 Shady Oaks Dr. Oldsmar, FL 34677	'MGR" = Manager 'MGRM" = Managing	Member	
Use attachment if necessary) LE V: Effective date, if other than the date of filing: cettive date is listed, the date must be specific and cannot be more than five business datays after the date of filing.) 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.) John Kutch Typed or printed name of signee			
Use attachment if necessary) LE V: Effective date, if other than the date of filing: Coption	MGRM	Sharon Escalera	
Use attachment if necessary) LE V: Effective date, if other than the date of filing: cettive date is listed, the date must be specific and cannot be more than five business datays after the date of filing.) 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.) John Kutch Typed or printed name of signee		·	
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Use attachment if necessary) LE V: Effective date, if other than the date of filing: ———————————————————————————————————	MGRM	Agg John Kutch	209
Use attachment if necessary) LE V: Effective date, if other than the date of filing:			*
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)