10000044706

| (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: |
| L. SELLERS |
| APR 27 2010 |

EXAMINER

Office Use Only

500177551125

04/26/10--01040--021 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER -

| то: | Registration S Division of C | | | |
|-----------------|---------------------------------|---|--|--|
| SUBJI | ECT: Mid-Hu | dson Valley Properties, | ······································ | |
| | | Name of Limit | ted Liability Company | |
| The en | aclosed Articles of | of Organization and fee(s) are | submitted for filing. | |
| Please | return all corres | pondence concerning this mat | ter to the following: | |
| | Povorlov Mu | analman | | |
| | Beverley Mus | sseiman | Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | | | | |
| | 4415 Fay Blv | d. | Address | |
| | | | Addices | |
| | Cocoa, FL 32 | | | |
| | | | ty/State and Zip Code | |
| | bev@indianci | | for future annual report notification) | |
| TD 6 | | • | • | |
| For fur | ther information | concerning this matter, please | e call: | |
| Beve | rley Musselma | an | at (704) 438-5226 | |
| | Name | of Person | Area Code & Daytime Telep | hone Number |
| Enclos | sed is a check for | or 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 Ci Tallahassee, FL 32301 | rcle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Valley Properties, LLC | | |
|---|---|--|-----|
| | (Must end with the words "Limited | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - | Address: | | |
| The mailing add | dress and street address of the | e principal office of the Limited Liability Company | is: |
| Principal Offic | ce Address: | Mailing Address: | |
| 4415 Fay Blvd | | PO Box 10082 | |
| Cocoa, FL 32927 | | | |
| ARTICLE III (The Limited Liabili | ty Company cannot serve as its own | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another | |
| ARTICLE III (The Limited Liabili business entity with | | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another | |
| ARTICLE III (The Limited Liabili business entity with | ty Company cannot serve as its own an active Florida registration.) he Florida street address of Beverley Musselman | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: | |
| ARTICLE III (The Limited Liabili business entity with | ty Company cannot serve as its own an active Florida registration.) he Florida street address of Beverley Musselman | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another | |
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| ARTICLE III (The Limited Liabili business entity with | ty Company cannot serve as its own an active Florida registration.) the Florida street address of Beverley Musselman A4415 Fay Blvd. | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: | |
| ARTICLE III (The Limited Liabili business entity with | ty Company cannot serve as its own an active Florida registration.) he Florida street address of Beverley Musselman 4415 Fay Blvd. Florida street | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: | |

sistered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

IN APR 26 PH 1:52
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

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

| | Name and Address: |
|--|--|
| MGR | Beverley Musselman |
| | PO Box 10082 |
| | Cocoa, FL 32927 |
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| • • | than the date of filing: April 26, 2010 . (OPTION |
| | than the date of filing: April 26, 2010 . (OPTION must be specific and cannot be more than five business da |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume) | must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be more than five business da must be specific and cannot be specificated and cannot be specific and ca |
| LE V: Effective date, if other to a fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a filing document of this document that the facts is | a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume) | a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |
| LE V: Effective date, if other to the date of days after the date of filing.) REQUIRED SIGNATURE: (In accordance of this docume that the facts see the date, if other to the date of the | a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |

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