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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Considerations to Filling Office |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

D. BRUCE

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EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | | | | | |
|--------|----------------------------------|---|---|--|---------------------|---------------|-------------|----|
| SUBJ | ECT: Valkent | ourg Property, LLC. | ted Liability Co | ampany | | | | |
| | | Name of Lim | ited Liability Co | шрану | | | | |
| The er | nclosed Articles | of Organization and fee(s) are | submitted for f | iling. | | | | |
| Please | return all corres | pondence concerning this ma | tter to the follow | ving: | | | | |
| | | | | | | | | |
| | Jason Valker | nburg | N CD | 4 | | | | |
| | | | Name of Person |) | | | | |
| | Valkenburg F | Property LLC. | | | | | | |
| | | | Firm/Company | <u>'</u> | | | | |
| | 505 East Jac | kson St., Suite 211 | | | | | _ | |
| | | | Address | | | 51 c. | | |
| | Tampa, FL 33 | 3602 | | | | | 0 | |
| | | | ty/State and Zip (| Code | | A T | | l. |
| | jason@vandv | rlawfirm.com | | | | SSE SSE | 1PR 29 PM | |
| | , | E-mail address: (to be used | for future annual | report notification | on) | | <u></u> | 7 |
| For fu | rther information | concerning this matter, pleas | se call: | | | . S.1 | <i>∴</i> | |
| | | | | | | 72 TA | N | |
| Jaso | n Valkenburg | | at (_813 | <u>)</u> 514-10 | 58 | > | (3) | |
| | Name | of Person | Area (| Code & Daytime | Telephone Numbe | г | | |
| Enclo | sed is a check for | or the following amount: | | | | | | |
| | .00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 F Certified (additional | |) Certified | e of Status & | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regis Divis Clifto 2661 | t/Courier Addi- stration Section ion of Corporaton Building Executive Centhassee, FL 3230 | tions ter Circle | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Valkenburg Property, LLC. | | |
|---|--|--------|
| (Must end with the words "Lin | nited 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: | |
| 505 East Jackson St. | 505 East Jackson St | |
| Suite 211 | Suite 211 | |
| Tampa, FL 33602 | Tampa, FL 33602 | |
| The name and the Florida street address Jason Valkenburg | HASS | |
| | Name English | |
| | | TT |
| 505 East Jackson | St., Suite 211 | 7 Mar. |
| | a street address (P.O. Box NOT acceptable) | O |
| | 13t., Suite 211 | O |
| Florida | a street address (P.O. Box NOT acceptable) | D |

Registered Agent's Signature (REQUIRED)

(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:

| 29 PH | <u>Title:</u> "MGR" = Mai "MGRM" = M | nager Ianaging Member | Name and Address: | | | |
|--|---|--|--|---------------------------------------|------|---|
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: | MGR Jason Valk | enburg_ | Suite 211 | | | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: | MGR Mirlam Velez Va | alkenburg | Suite 211 | | 10 | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: | | | | | | |
| RTICLE V: Effective date, if other than the date of filing: | | | | STATE OF THE PERSON NAMED IN COLUMN 1 | 2: 2 | |
| 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.) Jason Valkenburg | RTICLE V: Effection of an effective date is | ve date, if other than the listed, the date must b | | | | r |
| (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.) Jason Valkenburg | REQUIRED | SIGNATURE: | | | | |
| of this document constitutes at affirmation under the penalties of perjury that the facts stated herein are true.) Jason Valkenburg | | Signature of a membe | er or an authorized representative of a member. | | | |
| | | of this document const that the facts stated he | itutes arkaffirmation under the penalties of perjury | | | |
| | | | ped 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)