

L10000055067

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000121734 3)))



H100001217343ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

FILED  
10 MAY 21 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
10 MAY 21 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
ESCAPE VALUATION, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. BRYAN

MAY 24 2010

EXAMINER  
5/21/2010

H1 00001217343.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

ESCAPE VALUATION, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

ESCAPE VALUATION, LLC.

FILED  
10 MAY 21 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - ADDRESS

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

4251 SW 159 AVE  
MIAMI, FL. 33185

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

FRANK ESCALONA

4251 SW 159 AVE

Florida street address ( P.O.BOX NOT acceptable)

MIAMI, FL. 33185

City, State, and Zip

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

H1 00001217343.

H1 0000 1217343.

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 IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**FRANK ESCALONA**  
4251 SW 159 AVE  
MIAMI, FL. 33185

**MANAGER**

**JOFRE VALENCIA**  
4251 SW 159 AVE  
MIAMI, FL. 33185

**MANAGER**

**MARCEL PEREZ**  
4251 SW 159 AVE  
MIAMI, FL. 33185

**MANAGER**

FILED  
10 MAY 21 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested)



**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.)

**FRANK ESCALONA**

Typed or printed name of signee

H1 0000 1217343