

L100000056/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

**A. LUNT**

MAY 25 2010

**EXAMINER**

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05/25/10--01004--010 \*\*130.00

**FILED**  
2010 MAY 24 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Valkyrie Capital, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terje Gronlie

Name of Person

Firm/Company

4317 S. Trask St.

Address

Tampa, FL 33611

City/State and Zip Code

terjegronlie@yahoo.com

E-mail address: (to be used for future annual report notification)

2010 MAY 24 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Gus Ganoudis

Name of Person

at ( 239 ) 455-8857

Area Code & Daytime Telephone 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Valkyrie Capital, 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:

4317 S. Trask St

Tampa, FL 33611

#### Mailing Address:

4317 S. Trask St

Tampa, FL 33611

### 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.)

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

Terje Gronlie

Name

4317 S. Trask St.

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33611

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.*

*Terje Gronlie*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Terje Gronlie

4317 S. Trask St

Tampa, FL 33611

MGRM

Gus Ganoudis

717 Regency Reserve Circle #5804

Naples, FL 34119

MGRM

Mel Slawick

717 Regency Reserve Circle #5804

Naples, FL 34119

MGRM

Christian Benzen

717 Regency Reserve Circle #5804


Naples, FL 34119

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5-20-2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days 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.)

Terje Gronlie

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)**