

L100000U99764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

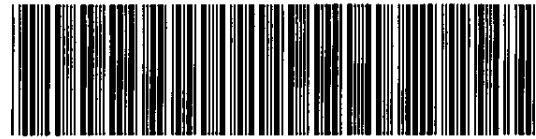
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/10--01036--008 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 22 PM 2:52

T. HAMPTON
SEP 23 2010
EXAMINER

433648

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vallonier
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:

Anaja Metellus
Name of Person

Vallonier
Firm/Company

11710 Sycamore PL
Address

Tampa FL, 33617
City/State and Zip Code

metellusa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anaja Metellus at (813) 362-9287
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 SEP 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 15, 2010

ANAJA METELLUS
11710 SYCAMORE PL
TAMPA, FL 33617

SUBJECT: VALLONIER LLC
Ref. Number: W10000043368

We have received your document for VALLONIER LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 510A00021947

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vallanier 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:

Mailing Address:

Vallanier LLC.

Vallanier LLC.

11710 Sycamore PL

11710 Sycamore PL

Tampa FL, 33617

Tampa FL, 33617

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:

InCorp Services, Inc.

Name

17888 67th Court North

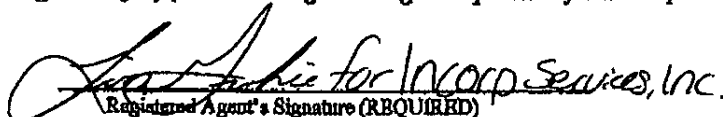
Florida street address (P.O. Box NOT acceptable)

Loxahatchee

FL 33470

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

MGRM

Anaja Metellus

11710 Sycamore PL

Tampa FL, 33617

MGRM

Al Delcy

111 East Flagler Street apt 401

Miami FL, 33131

MGRM

Roowdolf Charles

7523 Turtle View Drive

Ruskin FL, 33573

MGRM

Handel Eugene

3915 Ridge Ave

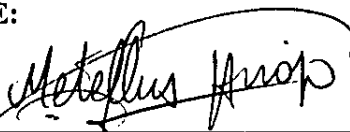
Tampa FL, 33603

(Use attachment if necessary) MGRM Clement Beauvais
9408 Bramble Ct
Tampa FL 33615

ARTICLE V: Effective date, if other than the date of filing: _____, (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.)

Anaja Metellus

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)

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DIVISION OF CORPORATIONS
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