

L11000122885

(Requestor's Name)

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OCT 27 2011

EXAMINER



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 960265 4305390

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

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DIVISION OF CORPORATIONS
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ORDER DATE : October 27, 2011

ORDER TIME : 12:31 PM

ORDER NO. : 960265-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: VALSUE, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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Valarie

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JULIE SIMON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALSUE, 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:

Addison Reserve

7645 Bella Verde Way

Delray Beach, FL 33446

Mailing Address:

Addison Reserve

7645 Bella Verde Way

Delray Beach, FL 33446

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:

Susan Simon

Name

Addison Reserve, 7645 Bella Verde Way

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

Delray Beach

FL 33446

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..

Susan Simon

Susan Simon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Susan Simon

Addison Reserve, 7645 Bella Verde Way
Delray Beach, FL 33446

MORM

Valerie Granet

81 Green Avenue

Madison, NJ 07940

(Use attachment if necessary)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Susan Simon, Managing Member

Typed or printed name of signer

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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