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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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. SECRETARY OF STATE TALLAHASSEE, FLORID

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J. SAULSBERRY EXAMINER MAY 30 2012

COVER LETTER

то:	Registration Division of C	Section Corporations		. *	
SUBJE	CT:	VALUEWIZ, L	LC		
50201		Name of Limited Li	ability Company		
The en	closed Articles	of Organization and fee(s) are subm	itted for filing.		
Please	return all corre	spondence concerning this matter to	the following:		
		Cody GARD	»∈N		
	· · · · · · · · · · · · · · · · · · ·	Nam	e of Person		
		VALUEWIZ LL	ے. /Company		
	•	Firm	/Company		
		677 - N. Washi	NGTON BLVD. #	68	
		A	Address	791	
		SARASOTA FL	34236 e and Zip Code	ZMAY29 AM 9 LÄHASSEE FLO	-41
		City/State	e and Zip Code	29 ASS	
_		VALUEWIZI @ 2	MAIL . Com_ ure annual report notification)		r
For fur	ther information	E-mail address: (to be used for fur n concerning this matter, please call:	•	2012 MAY 29 KM '9: 02 -SECRETARÝ OF STATE ALLAHASSEE FLORIDA	
	0 0	-	•		
	оДЧ (71 ⁶ Nam	at (818) 294 - 36 Area Code & Daytime Telepho	282 one Number	
		for the following amount:			
\$125.00	Filing Fee	Certificate of Status	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 Circ Tallahassee, FL 32301	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liabi	C	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ADTICLE II Addison		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liab	pility Company is:
у	-	
Principal Office Address:	Mailing Address:	
677- N. WASHINDTON BLVD	277- N. WASHINGTON	BLVD.
# 68	# 68	
677- N. WASHINGTON BLVD # 68 SARASTTA, FL. 34136	SARASOTA FL. 342	36
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
- · · · · · · · · · · · · · · · · · · ·		TA: 22
The name and the Florida street address of the	registered agent are:	
CODY GARS	DEN	HAT A
Name		FIL 2812 HAY 29 SECRLTARÝ TALLAHASSE
477- N. Washi	INSTON BLUD #68	FILED 2012 MAY 29 AM '9: 02 SECRETARY OF STATE ALLAHASSEE.FLORIDI
Florida street address (P.O. Box NOT acceptable)		Logaria Togaria
<u>Sarasota</u>	FL . 34236 ate, and Zip	9: 02
City, St	ate, and Zip	
Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	this certificate, I hereby accept the ty. I further agree to comply with the erformance of my duties, and I am j	appointment as he provisions of all familiar with and
	<u> </u>	,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb MGR	
7191	677 - N WASHINGTON BLUD #68
	CODY GARDEN 677-N WASHINGTON BLUD #68 SARASOTA, FL 34236
	SECRET.
	一
	SSEE F
	——————————————————————————————————————
	02
(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 price
o or 90 days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	
	f Handle
Signature of a	member or an authorized representative of a member.
constitutes an affirmat I am aware that any fa	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document the Department of State
constitutes a third degi	ree felony as provided for in s.817.155, F.S.)
	CODY GARDEN 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)