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SECRETARY OF STATE
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COVER LETTER

•	TO: Registration Section Division of Corporations
	SUBJECT: VALUE PLUS, 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:
	MARK WILLBORN Name of Person
	Firm/Company
	3888 KINGSTON BLVD Address
	SARA SOTA, FL 34238 City/State and Zip Code Mwillborn @ Yahoo.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	MARK WILLBORN at Z62 352-4896 Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee \$\frac{1}{2}\$

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 1 - Name:

The name of the Limited Liability Company is:		
VALUE PLUS, (Must end with the words "Limited L	LLC Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3888 KINGSTON BLVD SARASOTA, FL TOPESO 34236	3888 KINGSTON BLVD SARASOTH FL 34238	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or	
The name and the Florida street address of the registered a	SEONE WAR	
RICHARD MI	UER A	$\overline{\Box}$
	FF: • • •	
Florida street address (P.O. Box)		
SANASOTA	H. 34238 8€ 9	

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 605, F.S..

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

Page 1 of 2

t <u>le:</u>	Name and Address:
MBR" = Authorized Member	
IGR" = Manager	MARK WILLBORN
MER	3888 KINGSTON BLVD
	SARASOTA FL 34238
	
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se attachment if necessary) 7: Effective date, if other than the date of ive date is listed, the date must be specifiling.)	filing: 3-3-14 (OPTIONAL) fic and cannot be more than five business days prior to or 90 days
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