Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000085277 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

: (305)552-5973

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

VALEX GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 0 2013

T. HAMPTON

## H14000085277

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY			
ARTICLE 1 - Name: The name of the Limited Liability Company is:			
· Valex Group LLC	<del></del>		
(Must end with the words "Limited Liability Company, "L.L.C" or "LUC.")			
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
9840 SW 475+ 9840 SW 47 St MIAMI FL 33165 MIAMI FL 33166			
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 in another business entity with an active Florida registration.)	dividual	or	
The name and the Florida street address of the registered agent are:			
Vidal Lazo			
Name			
9840 SW 47 St			
Florida street address (P.O. Box NOT acceptable)			
MIAMI FL 33165			
Having been named as registered ugent and to accept service of process for the above stated limited list the place designated in this certificate, I hereby accept the appointment as registered agent and age capacity. I further agree to comply with the provisions of all statutes relating to the proper and composity of my duties, and I am familiar with and accept the obligations of my position as registered agent as Chapter 603, F.S	ree to ac plete per	t in this Jormance	
Arek			
Registered Agedi's Signature (REQUIRED)		20	
(CONTINUED)		14.00	77
Page 1 of 2	HASSES AND SELECTION OF THE PASSES AND THE PASSES A	2014 APR -9 AM	
	708	AM 7:5	

## H140000852.77

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager	Christine Lazo
•	
(Use attachment if necessary)	
	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after
te date of thing.)	
•	
•	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Land Land
REQUIRED SIGNATURE:  Signature of a m  {In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Page 2 of 2

FILED 2014 APR -9 AM 7: 54 SECRETASSEE FLORIDA