

L14 00 0074846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

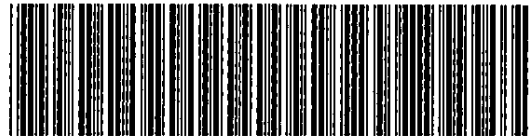
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800259551078

05/02/14--01003--019 **155.00

FILED
14 MAY -2 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 08 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RV INVESTIGATIONS, 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:

REINALDO C. VALDES
Name of Person

REINALDO C. VALDES, PRIVATE INVESTIGATOR LICENSE NO. C-2000260
Firm/Company

6275 S W 85 AVENUE
Address

MIAMI, FLORIDA 33143-1539
City/State and Zip Code

rvlp05@reagan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REINALDO C. VALDES at (305) 812-1230
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R V INVESTIGATIONS, 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:

6275 S W 85 AVENUE,
MIAMI,
FLORIDA 33143-1539

SAME

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:

YILLIAM M. VALDES

Name

6275 S W 85 AVENUE,

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

MIAMI, FLORIDA

FL 33143-1539

City

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 605, F.S.

Y. M. Valdes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 MAY -2 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

REINALDO C. VALDES

6275 S W 85 AVENUE

MIAMI, FLORIDA 33143-1539

MGR

YILLIAM M. VALDES

6275 S W 85 AVENUE

MIAMI, FLORIDA 33143-1539

(Use attachment if necessary)

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

ARTICLE VI: Other provisions, if any.

All functions of a Private Investigator; and, as the general nature of the business and the object and purpose to be trasacted and carried on and to do any and all things, buy, sell, lease, own as fully and as to the same extent as a natural person might or could do; and, all functions permitted by Florida Laws, Rules & regulations

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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, F.S.)

REINALDO C. VALDES

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)

14 MAY -2 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA