

Florida Department of State  
 Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
 VALLES GROUP, LLC**

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

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 TALLAHASSEE, FLORIDA

MAY 08 2015  
 J. HARRIS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VALLES GROUP, 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:8537 N.W. 115TH COURT  
DORAL, FLORIDA 331788537 N.W. 115TH COURT  
DORAL, FLORIDA 33178

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

PLUTARCO E. VALLES

Name

8537 NW 115TH COURTFlorida street address (P.O. Box **NOT** acceptable)DORALFLORIDA33178

City

State

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.


Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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H1500011 1991

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**PLUTARCO E. VALLES8537 N.W. 115TH COURTDORAL, FLORIDA 33178MGRYOLEIDA B. CALDERON MORENO8537 N.W. 115TH COURTDORAL, FLORIDA 33178

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any**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.)

PLUTARCO E. VALLES

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)2015 MAY -7 AM 8:24  
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