L16000042788

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
, (Bu	usiness Entity Nam	е)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



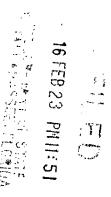


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02/23/16--01024--019 **130.00

EFFECTIVE DATE

17-17-14



MAR 3 2016

S. GILBERT

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Valmor Holdings LLC		
SUBJEC		Limited Liabil	ity Company
The encl	losed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the f	ollowing:
	Aymar Landry Baghana		
		Name of	Person
	Valmor Holdings LLC		
		Firm/Co	mpany
	9314 Forest Hill Blvd, Suite 33		
		Addr	ess
	Wellington FL 33411		
	aymarb@gmail.com	City/State an	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For furthe	er information concerning this matter, ple	ease call:	
	Aymar Landry Baghana	201	424-7154
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
	Filing Fee \$\square \text{\$130.00 Filing Fee & Certificate of Status}	└──Certifi	so Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES	OF ORGANIZATION FOR	FLORIDA LIMI	TED LIABILITY COMPANY	1 P Hilliam Than
ARTICLE I - Name:				· · · · ·
The name of the Limited Liabi	lity Company is:			16 Feb 23 PM II
Valmor Holdings L	LC			
(Must end	d with the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")	## _ ##
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Lin	nited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addr	ess:
9314 Forest Hill Bl	vd		9314 Forest Hill Blvd	
Suite 33			Suite 33	
Wellington FL 334	11		Wellington FL 33411	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	ly cannot serve as its own	n Registered Ag		lividual or
The name and the Florida stree	t address of the registere	d agent are:		
	Aymar Landry Bagh	iana		
		Name		
	12854 Kingsway Rd			
	Florida street addres	ss (P.O. Box <u>N</u> C	OT acceptable)	
	Wellington	FL	33414	
	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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	Aymar Landry Baghana
	12854 Kingsway Rd
	Wellington FL 33414
AMBR	Shama Baghana
	12854 Kingsway Rd
	Wellington FL 33414
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	te of filing: 2/17/2016 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be s if filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date cetive date is listed, the date must be soffling.) the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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