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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VALEY MEDIA WORLDWIDE, LV.C. 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:
CAROL M. STOOT Name of Person
VALLEY WEDIA WORLDWIDE, LLC.
P.O.Box 9138 Address
PROSACOLA FL 32513 City/State and Zip Code STOOT SLS @ YAHOO, COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee & \$130.00 Filing Fee & Certificate of Status & Certificate Of Status &
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address Now Filips Section
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2016

STOOT

CAROL M. SCOTT PO BOX 9138 PENSACOLA, FL 32513

SUBJECT: VALLEY MEDIA WORLDWIDE, L.L.C..

Ref. Number: W16000026629

We have received your document for VALLEY MEDIA WORLDWIDE, L.L.C.. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 816A00007367

RECEIVED

16 APR 26 PM 2: 42

SEON DESCRIPTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
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:	
3312 MARCUS DE STREET Principal Office Address: PENSACOLA, FL 32503 PENSACOLA, FL 32503 PENSACOLA, FL 32503	-13
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.)	. 1918
The name and the Florida street address of the registered agent are: AROUM. STOOT Name	.j.,
3312 WARCUS DR. Florida street address (P.O. Box NOT acceptable)	tini N

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.

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Carol M. STOUT
	P.O. BUX 9138
aNi	LING PENSALOCA, FL 32513
747	GICAL BENSACOCA, FC 32503

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CLE V: Effective date, if other than the date iffective date is listed, the date must be spe of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
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CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.) If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is executed am aware that any false.	e of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.) If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records. member or an authorized representative of a member. meet din accordance with section 605.0203 (1) (b), Florida Statutes. meet information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.

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)