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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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FILED

16 SEP 15 PH 4 34

DEPARTMENT OF STATE

9/15/14

## **CORPORATE** ACCESS,

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· INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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### **WALK IN**

PICK UP: 9/15 Glinda **CERTIFIED COPY** XX **PHOTOCOPY** 

XX **CUS** GS

XX **FILING** LLC **VALOR EXCHANGE, LLC** 1. (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** 

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Valor Exchange, 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:	
Brian Paul Name of Person	
Valor Jets, Inc.	
3983 Deshnahon Dr., Unit 207	
Osprey, FL 3429  City/State and Zip Code  BP@ ValorJets . Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brian Paul at (941) 320-3131  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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 Tallahassee, FL 32314  Zefo1 Executive Center Circle Tallahassee, FL 32301	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Valor Fxchange, LLC 16 SEP 15 19 4	34
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	1
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
3983 Destination Dr. Unit 207	
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:	
Brian Paul Name	
3983 Destination Dr., Unit 207 Florida street address (P.O. Box NOT acceptable)	
Osprey Fl 34229 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)	
(CONTINUED)	

Page I of 2

<u> Citle</u> :	Name and Address:
AMBR_	Brian Paul 3983 Destroction IV, WHO Osprey, FL 34229
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ARTICLE IV-