P. 001

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. MARIA BELEN VALLADARES, PLLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MARIA BELEN VALLADARES PLLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is:  Malling Address:
<del>_</del>	<del></del>
6011 SW 93 PLACE	SAME
MIAMI, FL 33173	, <del></del>

The name and the Florida street address of the registered agent are:

MARIA BELEN	VALLADARES	
	Name	
6011 SW 93 PLAC	E	
	ss (P.O. Box <u>NOT</u> &	ceptable)
міамі	FL	33173
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 cartificate, I haveby 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)

OCT -I PHIO: OY

"MGR" = Manager  AMBR  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing: 09/28//2018 (OPTIONAL)  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days date of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it document's effective date on the Department of State's records.  FICLE VI: Other provisions, if any. The purpose for the business is: Real Estate.  REOIDRED SIGNATURE:  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false laformation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.135, F.S.  MARIA BELEN VALL ADARES  Typed or primted name of signec  Filing Fees.  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	Title:		Name and Address:	•
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