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Florida Department of State
Division of Corporations
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19 FEB 28 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
STREET-VALUED LLC**

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STREET - VALUED LLC

(Must contain 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:12973 SW 112 STREET #202
MIAMI, FLORIDA 3318612973 SW 112 STREET #202
MIAMI, FLORIDA 33186

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:

JULIO CESAR CALLE MUNOZ

Name

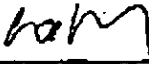
12973 SW 112 STREET #202Florida street address (P.O. Box NOT acceptable)MIAMIFLORIDA33186

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)

19 FEB 28 AM 8:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title

"AMBR" - Authorized Member

"MGR" - Manager

MGR**Name and Address**JULIO CESAR CALLE MUNOZ12973 SW 112 STREET #202MIAMI, FLORIDA 33186MGRMARCELA PRECIADO OSSABAL12973 SW 112 STREET #202MIAMI, FLORIDA 33186MGRLUCAS CALLE PRECIADO12973 SW 112 STREET #202MIAMI, FLORIDA 33186MGRMARIA CALLE PRECIADO12973 SW 112 STREET #202MIAMI, FLORIDA 33186

(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.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

JULIO CESAR CALLE MUNOZ

Typed or printed name of signer

19 FEB 28 AM 9:56
CL
SECRETARY OF STATE
TALLAHASSEE, FLORIDA