05/09/2019 11:18 B0522 140 LIZARLE CREPRATE PAGE 01/03 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001539083)))



H190001539083ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fay Number

: (850)617-6381

Erom:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

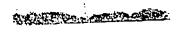
**Enter the email address for this business entity to be used for future
amnual report mailings. Enter only one email address please.**

Email:	Address:			

FLORIDA LIMITED LIABILITY CO. VIRVALLEY GROUP LLC

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

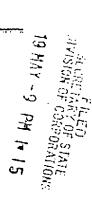
C RICO



Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "ILC?"

VerVALLEY GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

ST GABRIELLE LANE #3501 Company is:

WESTON FL 33326

ARTICLE III - Registered Agent, Registered Office:

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

ALEXANDRO PEREZ

1411 ST GABRIGUE LAWE #3501

NESTON FL 33326

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited

Liability Company:

ALEJANDRO RÉREZ HONALES AMBR

SIMON GIRON AMBR

LOURDES HATA AMBR.

Page 1 of 2

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 \$.817.155, F.S.

Typed or printed name of signee

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, E.S..

Registered Agent's Signature (REQUIRED)

HVISION OF CORFORALION

Page 2 of 2

...<u>-</u>...