

7/17/2019

Division of Corporations

# L19000175053

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## FLORIDA LIMITED LIABILITY CO. VALLE INVESTMENT, LLC

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**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, KARLA V. VALLE who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the Manager of VALLE INVESTMENT, LLC a Florida Limited Liability Company, filed with the Florida Department of State on DECEMBER 18, 2017.
2. The undersigned hereby consents to and authorizes the use of the name VALLE INVESTMENT, LLC to KARLA V. VALLE for the purpose of organized a new entity.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

*Karla V. Valle*

KARLA V. VALLE

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE         )

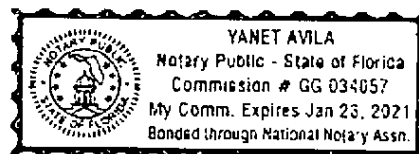
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PERSONALLY appeared before me, KARLA V. VALLE who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 15 day of JULY, 2019.

Notary Public



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VALLE INVESTMENT, 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:14404 SW 142 CTMIAMI, FL 33186SAME**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:

OLGA M. VALLE

Name

14404 SW 142 CTFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33186

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..*

Olga M. Valle

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

OLGA M. VALLE

14404 SW 142 CT

MIAMI, FL 33186

MGR

KARLA V. VALLE

14404 SW 142 CT

MIAMI, FL 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:**

*Olga M. Valle*

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.

OLGA M. VALLE

Typed or printed name of signer

**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)