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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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## FLORIDA LIMITED LIABILITY CO. J.L.VALLE APPLIANCE SERVICES L.L.C.

K. PAGE

DEC 23 2019

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

2019 DEC 20 AM 10: 5: SEGRADARY OF STATE EFFECTIVE

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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

L.L. VAlle Appliance Sonvices L.L.C.
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:
9370 S.W. 170 PS.GE
Missi &1. 33196
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (1) in Limited Liability  Company cannot serve as its own Registered Agent. You must designate an individual or another insiness entity  with an active Florida registration.)
JOSE Luis VALLE
9370 SW 170 PSGE
MIAMI FL. 33196
The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)  OSE LUIS VALLE  ANDRO  ANDRO  OSE LUIS VALLE  OSE LUIS VALLE

## 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 s.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, F.S..

Registered Agent's Signature (REQUIRED)

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