Division of Corporations Electronic Filing Cover Sheet

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

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FLORIDA LIMITED LIABILITY CO. VALOR FACILITY SOLUTIONS LLC

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

J. FASON

AUG 0 6 2020

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

VALOR FACILITY SOLUTIONS LLC		_	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia Company is:	bility	7	
7896 SW 12th ST			
MIAMÍ, FL 33144		<u></u>	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Linuted Li Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	iability	<u> </u>	·
VICTOR MONTILLA		 -	
7896 SW 12 ST			·
MIAMI FL 33144			
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR) Note the Change of t	ed	2020 AUS -5 P	
NATACHA Montilla (AMBR) Victor M Montilla (AMBR)	ر ت المار المار	12:25	[teat]

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 lurrein 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)