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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Fax Number

Phone : (307)200-2803 : (855)330-1010

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. VALIBERA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

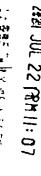
ZUL 2 3 2021

T. SCOTT

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	y Company is:			
VALIBERA, LLC				
(Must cont	ain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lir	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
814 109th Ave N			814 109th Ave N	
NAPLES FL 34	1108	<u> </u>	NAPLES FL 34108	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered Agon.) I agent are:	Agent's Signature: ent. You must designate an individual or	
		Name		
	7901 4th ST N STE :	300		
	Florida street addres	s (P.O. Box <b>X</b> 0	QT acceptable)	
	St. Petersburg, FL 33	702		
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the approvisions of all statutes religations of my position	ointment as reg elating to the pr as registered a	or the above stated limited liability company at tristered agent and agree to act in this capacity. Toper and complete performance of my duties, a gent as provided for in Chapter 605, F.S	I

(CONTINUED)

22 PM II: 07

Title: "AMBR" = Authorized Member "ACR" = Marcon	Name and Address;
"MGR" = Manager AMBR	OLIVER ALBRECHT SCHWABSTRASSE 6 DUESSELDORF NRW 40235
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	late of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
REQUIRED SIGNATURE:	
Morgan John	member or an authorized representative of a member.
This document is exe I am aware that any f	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Morgan N	loble
	Typed or printed name of signee
\$125.00 Filing Fee for Articles of	Filing Fees: Organization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)