

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

FLORIDA LIMITED LIABILITY CO. LVA Holdings LLC

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



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LVA Holdings LLC

(Must end with 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:

4690 SW 83rd Terrace	4690 SW 83rd Terrace
Davie, FL 33328	Davie, FL 33328

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:

4690 SW 83rd Terrace			1707		
Florida street addres	Florida street address (P.O. Box NOT acceptable)		Ę-	00	- 11-
Davie	FL	33328); };	1	 J.
City	State	Zip	A.S.	8	
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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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:		Name and Address:	
AMBK = R $"MGR" = M$	Authorized Member		
MGR KI	mager	Louis V. Acquarulo	
		4690 SW 83rd Terrace	-
		Davie, FL 33328	-
		D446.1 E 33326	-
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