

Division of Corporation

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Florida Department of State

Division of Corporations  
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((H220000448063))



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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000169  
Phone : (727) 322-0909  
Fax Number : (727) 610-8595

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: DAVID CPA @ TAMMUNDAWAY.PR.CEU

RECEIVED  
2022 FEB -3 AM 11:09

FLORIDA LIMITED LIABILITY CO.  
VALDES INSURANCE AGENCY, LLC

VALDES Insurance Agency, LLC

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

D. O'KEEFE

FEB - 4 2022

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALDES INSURANCE AGENCY, 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:

5851 38TH AVENUE  
ST PETERSBURG, FL 33710

SAME

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:

DAVID C HASTINGS, CPA

Name

2207 54TH ST S

Florida street address (P.O. Box NOT acceptable)

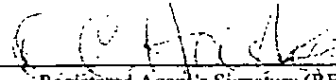
GULFPORT                      FL                      33707

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

LUIS VALDES  
3851 38TH AVE N  
ST PETERSBURG, FL 33710

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

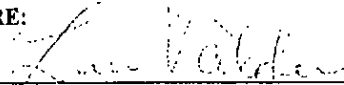
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



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.

LUIS VALDES

Typed or printed name of signee

**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)

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