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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| VALOSO, LLC | | | <u></u> |
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| Please Debit 120 | 0000000257 For: 1 | 25 | |
| Thank you Seth | Neelev | | |
| 1-4- | <u> </u> | | |
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COVER LETTER

| TO: | New Filing Section Division of Corporations | |
|-------------|--|--|
| SUBJE | VALOSO IFCT: | |
| SUBJE | Name of Limited Liability Company | |
| The encl | enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please re | se return all correspondence concerning this matter to the following: | |
| | MARTHA AYALA VALENCIA | |
| | Name of Person | |
| | | |
| | Firm/Company | |
| | 608 EDENVILLE AVE | |
| | Address | |
| | CLEARWATER, FL 33764 | |
| | City/State and Zip Code 360CATX@GMAIL.COM | |
| | E-mail address: (to be used for future annual report notifi | cation) |
| For further | ther information concerning this matter, please call: | |
| | MARTHA AYALA VALENCIA 720 392 3667 | |
| | Name of Person Area Code Daytime Teleph | none Number |
| Enclosed | osed is a check for the following amount: | |
| \$125.00 | .00 Filing Fee \$\bigsup \text{S130.00 Filing Fee & Certificate of Status}\$\text{Certified Copy}\$ (additional copy is enclosed | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CorporationsTallahassee, FL 32314Tallahassee, FL 32314 | rations enter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must con | tain the words "Limited | Liability Company, | "L.L.C.," or "LLC.") | |
|---|---|--|-------------------------------|------------------------------------|
| ARTICLE II - Address: | | | | |
| The mailing address and street a | address of the principal | office of the Limited | Liability Company is: | |
| <u>Princi</u> | oal Office Address: | | Mailing Address: | |
| 608 EDENVILLE A | VE | 608 | EDENVILLE AVE | |
| CLEARWATER, F | L 33764 | CLE | ARWATER, FL 33764 | |
| | | | | |
| APTICLE III - Pagistared An | rant Pagistared Office | & Degistered Ager | at's Signature | |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an | y cannot serve as its own | n Registered Agent. | | (0 - |
| (The Limited Liability Compan | y cannot serve as its ow active Florida registrati | n Registered Agent. ' on.) | | (0 - |
| (The Limited Liability Compananother business entity with an | y cannot serve as its ow active Florida registrati | n Registered Agent. 'on.) d agent are: | | (0 - |
| (The Limited Liability Compananother business entity with an | y cannot serve as its own active Florida registrati address of the registere | n Registered Agent. 'on.) d agent are: | | (0 - |
| (The Limited Liability Compananother business entity with an | y cannot serve as its own active Florida registrati address of the registere | n Registered Agent. 'on.) d agent are: VALENCIA Name | | 2023 MAR 22 SECRETAIL STATES |
| (The Limited Liability Compananother business entity with an | y cannot serve as its own active Florida registration address of the registere MARTHA AYALA 608 EDENVILLE A | n Registered Agent. 'on.) d agent are: VALENCIA Name | You must designate an individ | 2023 HAR 22 PH SECTION SECTIONS |
| (The Limited Liability Compananother business entity with an | y cannot serve as its own active Florida registration address of the registere MARTHA AYALA 608 EDENVILLE A | n Registered Agent. 'oon.) d agent are: VALENCIA Name | You must designate an individ | 2023 MAR 22 SECRETAIL STATES |

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)

ARTICLE IV-

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

| | Title: "AMBR" = Authorized | Mamhar | Name and Address: | | | |
|---------------------------------------|--|---------------------------|---|------------------------|------------|---------------------------------------|
| | "MGR" = Manager MGR | | MARTHA AYALA VALENCIA 608 EDENVILLE AVE CLEARWATER, FL 33764 | A | | |
| | | | | SEC. | 2023 MAR 2 | |
| | | | | | 2 PH 3:5 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | (Use attachment if neces | ssary) | | (2) | | |
| If an ef he date <u>Note:</u> I | Tective date is listed, the of filing.) If the date inserted in this | date must be specific and | cannot be more than five busine pplicable statutory filing requirement records. | ss days prior to or 90 | | |
| RTIC | LE VI: Other provisions, i | f any. | | | | |
| | REQUIRED SIGNAT | ure: Lutha V | alincia | | | |

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.

MARTHA AYALA VALENCIA

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)