

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001864473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. VALOT FAMILY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Valot Family 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:

115 West Jamet St.

Malling Address:

5/15 (eth St N

Machinau City, MI

49701

St. Pekrsburg, FL

3370:

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:

Dara Cooley Law PA

Name

1900 Central Ave, Suite B

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

St. Petersburg FL 33707

City 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 confifeate. 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 statues 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 Ciapter 603. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

SECRETARY OF STATE

ARTICLE IV-	
The name and address of each person authorized	to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Nume and Address:
"MGR" + Manager AMBR	Dara Cooley Holdings, LLC 2014th Hoc. S. Unit 327 St. Actor Coord FL 33701
AMBR	Susan A. Valot 5115 Gth St. N St. Februshurg FL 33703
AMBR	Karen R. Vatot B346 Paradise Trail Carp Lake, mi 49718
AMBR	Clement 2. Valot 115 W. Jamet St. Mackinaw City, M. 49701
(Use attachment if necessary)	,
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific an the date of filing.)	(OPTIONAL) d cannot be more than five business days prior to or 90 days after
no single member or majority of	case of real property owned to unanimous decision and tition or lease real property otherwise, members have author, to to sell, or lease real property owned by this LLC
	· ·
constitutes an affirmation under the	an all horized representative of a member. (1) (b). Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
	A. Cooley

Page 2 of 2

ZOZ3 MAY 19 PH 2: 4.1
SECRETARY OF STATE