

# L23000396582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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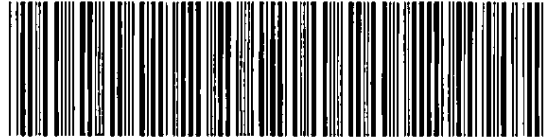
(Business Entity Name)

(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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ELIZABETH M. STANALAND (1958 - 2017)\*

TERENCE B. STANALAND  
OF COUNSEL

August 2, 2023

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: ValdesKroff, LLC  
File No: 38412

Dear Sir/Madam:

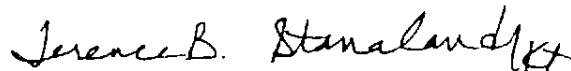
Enclosed please find the original and one copy of the Articles of Organization for ValdesKroff, LLC along with a check made payable to the Florida Secretary of State in the amount of \$125.00 to cover the filing fee.

After the Articles of Organization have been filed, please return a conformed copy to me at your earliest convenience in the self-addressed, postage prepaid envelope enclosed herewith for that purpose.

Thank you for your assistance.

Sincerely,

TEAGUE ROTENSTREICH STANALAND  
FOX & HOLT, P.L.L.C.



Terence B. Stanaland

TBS:kat  
Enclosures

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ValdesKroff, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terence B. Stanaland, Attorney  
Name of Person  
Teague Rotenstreich Stanaland Fox & Holt, P.L.L.C.  
Firm/Company  
101 S. Elm Street, Suite 350  
Address  
Greensboro, NC 27401  
City/State and Zip Code  
tbs@trslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terence B. Stanaland 336 272-4810  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$150.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ValdesKroff, 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:

815 Fair Meadow Avenue

High Point, NC 27265

815 Fair Meadow Avenue

High Point, NC 27265

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:

Jorge R. Valdes

Name

8810 S.W. 115th Avenue

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

Gainesville

FL

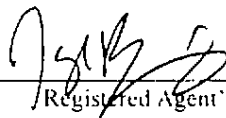
32608

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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR: MGR

Jorge Sixto Valdes

815 Fair Meadow Avenue

High Point, NC 27265

AMBR

Rita Marta Kroff

815 Fair Meadow Avenue

High Point, NC 27265

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(Use attachment if necessary)

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

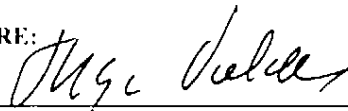
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Jorge Sixto 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)