

L24000116804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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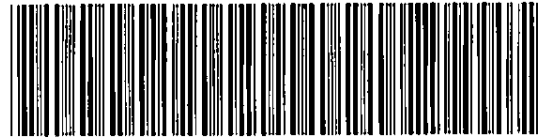
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC

1. **VALIENTE CASTILBLANCO LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

*File 1st*

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**VALIENTE CASTILBLANCO LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ANA BELEN VALIENTE CASTILBLANCO**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**6516 KENDALE LAKES DRIVE, UNIT 705**

\_\_\_\_\_  
Address

**MIAMI, FL 33183**

\_\_\_\_\_  
City/State and Zip Code

**hbelen2010@yahoo.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**AURORA PENALVER**

**305**

**5799000**

\_\_\_\_\_  
at ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALIENTE CASTILBLANCO 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:

6516 KENDALE LAKES DRIVE  
UNIT 705  
MIAMI, FL 33183

Mailing Address:

6516 KENDALE LAKES DRIVE  
UNIT 705  
MIAMI, FL 33183

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:

ANA BELEN VALIENTE CASTILBLANCO

Name

6516 KENDALE LAKES DRIVE, UNIT 705

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

MIAMI

FL

33183

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.*

DocuSigned by:

Ana Belen Valiente Castilblanco

DE5303A7FA02400

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:**

AMBR / MGR \_\_\_\_\_

ANA BELEN VALIENTE CASTILBLANCO  
6516 KENDALE LAKES DRIVE, UNIT 705  
MIAMI, FL 33183

AMBR \_\_\_\_\_

MANUEL HUMBERTO VALIENTE MONZON  
6516 KENDALE LAKES DRIVE, UNIT 705  
MIAMI, FL 33183

AMBR \_\_\_\_\_

ANA MARIA CASTILBLANCO RIVERA  
6516 KENDALE LAKES DRIVE, UNIT 705  
MIAMI, FL 33183

AMBR \_\_\_\_\_

MARIA CLARA VALIENTE CASTILBLANCO  
6516 KENDALE LAKES DRIVE, UNIT 705  
MIAMI, FL 33183

(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**

DocuSigned by:

Ana Belen Valiente Castilblanco

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.

Ana Belen Valiente Castilblanco

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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