

L24000527565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

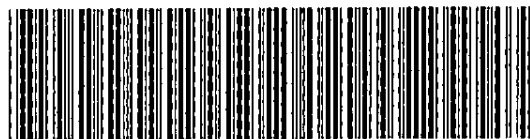
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/28/24--01001--008 155.00

2024 DEC 20 PM 3:47

2024 DEC 20 PM 3:00

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** JENA 12/20

**CERTIFIED COPY**

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**XX FILING**

**DOMESTICATION**

1. **SUN VALLEY ASSETS LIMITED LIABILITY COMPANY**

(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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** SUN VALLEY ASSETS LIMITED LIABILITY COMPANY  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL FRIEND

Name of Person

JOEL FRIEND & ASSOCIATES, INC

Firm/Company

2863 EXECUTIVE PARK DRIVE, SUITE 105

Address

WESTON, FL 33331

City/State and Zip Code

joel@joelfriend.com

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

For further information concerning this matter, please call:

JOEL FRIEND

Name of Person

954

Area Code

704-4010

Daytime Telephone Number

**Mailing Address:**

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

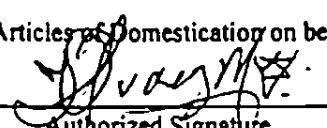
**Street Address:**

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

Articles of Domestication:	\$25
Articles of Organization:	\$125
Total to Domesticate and file:	\$150

## ARTICLES OF DOMESTICATION

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. The date on which the entity was first formed was: 10/30/2007
  2. The name of the entity immediately prior to the filing of the Articles of Domestication was:  
SUN VALLEY ASSETS LIMITED
  3. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
  4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: BRITISH VIRGIN ISLANDS
  5. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.
- I am authorized to sign these Articles of Domestication on behalf of the entity.
-   
\_\_\_\_\_  
Authorized Signature
6. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3), Florida Statutes.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUN VALLEY ASSETS LIMITED LIABILITY COMPANY

(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:

4474 WESTON ROAD

SUITE 183

DAVIE, FL 33331

Mailing Address:

4474 WESTON ROAD

SUITE 183

DAVIE, FL 33331

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:

JOEL FRIEND & ASSOCIATES, INC

Name

2863 EXECUTIVE PARK DRIVE, SUITE 105

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

WESTON

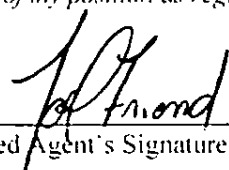
FL

33331

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 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 Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

ALONZO J. ALVAREZ

4474 WESTON ROAD, SUITE 183

DAVIE, FL 33331

MARITZA J. MEOLA DE ALVAREZ

4474 WESTON ROAD, SUITE 183

DAVIE, FL 33331

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2025 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ALONZO J. ALVAREZ, MGR

Typed or printed name of signer

**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)

2024-03-20 11:47