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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Linky Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account <u>120210000160: \$125.00</u> Authorization Signature			
Valencia 514 LLC Business Name	#Document		
Walk in	Will wait		
Certified Copies of Articles of: Certificate of Status Certificate of Status NEW FILINGS Profit	AMENDMENTS _X_Amendment		
Not for Profit LLC Domestication INC CORP PLLC	Resignation of R.A. Change of Registered Agent Revocation of Dissolution Conversion Statement of Authority Merger DISSOLUTION		
OTHER FILINGS	REGISTRATION/QUALIFICATIONS		
TRANSMITTAL LETTER	Foreign Filing Partnership		
Fictitious Name -	Reinstatement Statement of CORRECTION		
Statement of Authority	—— Domestication		
APOSTILCOUNTRY	Other		
EXAMINER'S INITIALS:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VALENCIA 514 LLC				
(Must contain	the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal o	ffice of the Limited	I Liability Company is:	
<u>Principal (</u>	Office Address:		Mailing Address:	
8530 SW 57th Avenue		853	0 SW 57th Avenue	
South Miami, FL 33143	2	<u> </u>		
RTICLE III - Registered Agent, The Limited Liability Company car	, Registered Office, onnot serve as its own	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	20
ARTICLE III - Registered Agent, The Limited Liability Company car nother business entity with an activ	Registered Office, annot serve as its own we Florida registratio	& Registered Age Registered Agent. n.)	nt's Signature:	2025 AP
ARTICLE III - Registered Agent, The Limited Liability Company car	Registered Office, annot serve as its own we Florida registratio	& Registered Age Registered Agent. n.)	nt's Signature: You must designate an individual or	025 APR -
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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	Name and Address:
"MGR" = Manager	
MEMBER	Rodney Mandelstam And W Carol Mandelstam, LLC
	8530 SW 57 Avenue South Miami, FL 33143
	<u></u>
(Use attachment if necessary)	; · · · · · · · · · · · · · · · · · · ·
- Parker Hay was a land a land a land	Fline: (OPTIONAL)
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL) (OPTIONAL) (OPTIONAL)
the date of filing.)	the and cannot be more than five business days prior to or 30 days after
Note: If the date inserted in this block does not mee the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	A 1
Kolley	Mandelstan
Signature of a ment	per or an authorized representative of a member.
I am aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
<u> </u>	
r	RODNEY MANDELSTAM 'yped 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)