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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017		
Date:	7-9-13		
Requestor Name:	Carlton Fields	SEUNCE SEUNCE ALLAHA	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	6-6	
Telephone:	(850) 513-3619 - direct (850) 224-1585	AM IO: 3	
Contact Name:	Kim Pullen, CP, FRP	ν, ω	
Corporation Name:	Valintry 5	ervices LLC	
Email Address:			
Entity Number:			
Authorization:	Linful	4	
Artich Certified Copy OF	es of Organization Liling	Certificate of Status	
New Filings	Plain Stamped Copy	Annual Report	
Fictitious Name	Amendments	Registration	
(X)Call When Ready	(X)Call if Problem	() After 4:30	
(X) Walk In	() Will Wait	(X) Pick Up	

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Ciient: 53069 Matter: 33487

Name: Maryll Rydel Office: MiAmi.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	
	46-3114520
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. JULY 3, 2013 5.	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6 UPON QUALIFICATION	20 S
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. t	da, if prior to registration.).
7. 1917 BRIDGEWATER DRIVE	HIT C
LAKE MARY, FLORIDA 32746	9
	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the manag	ing members or managers are as follows:
DARYL DIXON	
1917 BRIDGEWATER DRIVE	
LAKE MARY, FLORIDA 32746	
0. Attached is an original certificate of existence, no more than 90 da ne jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be submi	is not acceptable. If the certificate is in a foreign language, a
1. Nature of business or purposes to be conducted or p	romoted in Florida: Staffing and consulting
company and any other business auth	
	2
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408(3), F.S., the execution	on of this document constitutes an affirmation under the
document to the Department of State constitutes a t	am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

DARYL DIXON

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Liu VALINTRY S	- · ·	•	
If unavailable, the alter	nate to be used in the	state of Florida is:	
2 The name and the F	lorida street address o	of the registered agent and office a	re:
DAI	RYL DIXON		201 TALL
		(Name)	E SLORE SLORE SLORE SLORE STATES
1917 BRIDGEWATER DRIVE		SSE. SSE.	
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	The A Di
LAK	E MARY	FL 32746	ORIO, L

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 608, Florida Statutes.

DARYL DIXON

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE .

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VALINTRY SERVICES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALINTRY SERVICES LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2013.



5361401 8300

130845018

AUTHENTICATION: 0561004

DATE: 07-03-13

You may verify this certificate onling at corp. delaware gov/author show!