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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Valley Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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2019 OCT -2 AM 11:36

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October 2, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations
CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: VALLEY SERVICES, LLC
REF: W19000088066

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

FAX Aud. #: H19000292335
Letter Number: 319A00020266

VALLEY SERVICES, INC.
10 Canebrake Blvd., Suite 120
Flowood, MS 39232


To Whom It May Concern,

VALLEY SERVICES, INC., a converted Mississippi corporation, gives full consent to VALLEY SERVICES, LLC as the name of a foreign filing entity in Florida for the purpose of submitting a filing instrument to the secretary of state.

The undersigned certifies to being authorized by the holder of the existing name to give this consent.

The undersigned has executed this consent on this 1st day of October, 2019.

VALLEY SERVICES, INC.

By: 
Name: Saray Djidji, Attorney-in-Fact

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FILED

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Valley Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 10/01/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 Canebrake Boulevard, Suite 120
(Street Address of Principal Office)

6. 10 Canebrake Boulevard, Suite 120
(Mailing Address)

Flowood, MS 39232

Flowood, MS 39232

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road, #221E

Palm Beach Gardens, Florida 33410
(City) (Zip code)

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Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Saray Djidji, Special Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☒ Manager Name: Olivier Poirot

☐ Member Address: _____

☐ Authorized 10 Canebrake Boulevard, Suite 120

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Keith Cullinan

☐ Member Address: _____

☐ Authorized 10 Canebrake Boulevard, Suite 120

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Saray Djidji, Attorney-in-Fact

Typed or printed name of signer

2019 OCT - 2 AM 11:36



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

VALLEY SERVICES, LLC

Registered the 12th day of October, 2000

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

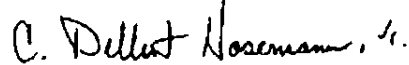
232 MARKET ST #1600
FLOWOOD, MS 39232

And that the registered agent at that address is:

CORPORATE CREATIONS NETWORK, INC

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 30th day of September, 2019



C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19072000

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>