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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$70.00

Authorization Signature: James L. L...

Business Name: Valky Properties CORP

Document #

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☒ **Corp**
☐ Inc
☐ Other

☐ Amendment
☐ Resignation / Dissociation
☐ Change of Registered Agent
☐ Dissolution for LLC
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Fact

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EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

FLORIDA CAPITAL COURIER SERVICES, INC

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TALLAHASSEE, FL 32309

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(850) 524-6243 Rich

Please use funds from account: I20210000160: \$70.00

Authorization Signature: *John Kelly*

Business Name: Valky Properties CORP

Document #

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☐ Fictitious Name
☐ Annual Report

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL
FLORIDA STATE

COVER LETTER

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

SUBJECT: Valky Properties CORP

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

2024 SEP 18 AM 9:47
STATE
TALLAHASSEE, FL

FILED

FROM: BLUEMAX PARTNERS CORP
Name (Printed or typed)

848 BRICKELL AVE. STE 1130
Address

MIAMI, FL 33131
City, State & Zip

305 607 3493
Daytime Telephone number

mdelloca@mdellconsulting.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Valky Properties CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

848 Brickell Ave. Ste 1130

Miami, Florida 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tifossi LTD Name and Title: President

Address: 848 Brickell Ave. Ste 1130 Address: _____

Miami, Florida 33131 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FL

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BLUEMAX PARTNERS CORP
Address: 848 BRICKELL AVE. STE 1130
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BLUEMAX PARTNERS CORP
Address: 848 BRICKELL AVE. STE 1130
MIAMI, FL 33131

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TALLAHASSEE, FL
STATE

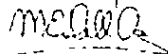
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

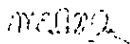


Required Signature/Registered Agent

9/18/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

9/18/2024

Date