

L22000003903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

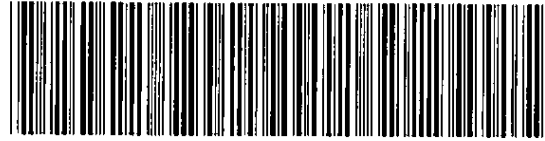
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN -5 PM 2:47

FILED
2022 JAN -5 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

UPPRE, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF ORGANIZATION

FOR

UPPRE, LLC

ARTICLE I - NAME

The name of the limited liability company **UPPRE, LLC**.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the company is **601 MEDICAL DRIVE, ENGLEWOOD, FLORIDA 34223**.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

**ERIC PRESSMAN
601 MEDICAL DRIVE
ENGLEWOOD, FLORIDA 34223**

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 the Florida Statutes.


ERIC PRESSMAN

ARTICLE IV - MANAGEMENT

The business and affairs of the limited liability company shall be managed by:

**ERIC PRESSMAN
601 MEDICAL DRIVE
ENGLEWOOD, FLORIDA 34223**

SAIENDRA KUMAR UPENDRAM

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The members are:

ERIC PRESSMAN
601 MEDICAL DRIVE
ENGLEWOOD, FLORIDA 34223

SAILENDRA KUMAR UPENDRAM
601 MEDICAL DRIVE
ENGLEWOOD, FLORIDA 34223


ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 01 | 01 | 2022 _____.



ERIC PRESSMAN



SAILENDRA KUMAR UPENDRAM