

LD5000097680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

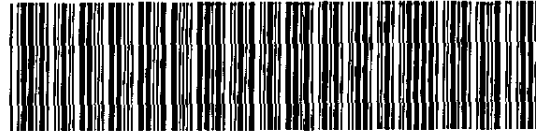
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100060120811

10/03/05 - 01:00 - 00:00

2005 OCT -3 PM 12:47
TALLAHASSEE FLORIDA

10/4/05

COVER LETTER

TO: Registration Section
Division of Corporations

2005 OCT -3 PM 12:47

SUBJECT: VOTAX UTW INVESTORS LLC
(Name of Limited Liability Company)

STATE
TALLAHASSEE FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dean Xenick

(Name of Person)

VOTAX UTW INVESTORS LLC

(Firm/Company)

8773 Wakefield Dr.

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Dean Xenick

(Name of Person)

at (561) 628-2041

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE

9/29/05

2005 OCT -3 PM 12:47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOTAX UTW INVESTORS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8773 Wakefield Dr.

Palm Beach Gardens, FL

33410

Mailing Address:

8773 Wakefield Dr.

Palm Beach Gardens, FL

33410

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dean Xenick

Name

8773 Wakefield Dr.

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FL 33410

City, State, and Zip

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2005 OCT -3 PM 12:47

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CLERK OF STATE
TALLAHASSEE FLORIDA

MGR

Dean and Maria Xenick, JTWROS

8773 Wakefield Dr.

Palm Beach Gardens, FL 33410

MGR

David and Daniel Tadros

8435 Man O War Rd.

Palm Beach Gardens, FL 33418

MGR

Mike and Maria Xenick, JTWROS

3918 W. Granada St.

Tampa, FL 33629

MGR

Fay Seva Vovou Revocable Trust

246 Kelsey Park Cir.

Palm Beach Gardens, FL 33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 29, 2005. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DEAN XENICK

Typed 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)