

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000072430 3)))



H080000724303ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

UNIVERSAL PROCESSING DIVISION, LLC

Certificate of Status	. 0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

ECER

95:1 6005 75 ABM

3/27/2009

446444906

(((H09000072430)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIVERSAL PROCESSING DIVISION, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2655 LE JEUNE ROAD

PH - 2 - SUITE: E-5

CORAL GABLES FL 33134

2655 LE JEUNE ROAD

PH - 2 - SUITE: E-5

CORAL GABLES FL 33134

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:

EXANDER D. VIRELLES

2655 LE JEUNE ROAD - PH - 2 - SUITE: E-5

Flurida street address (P.O. Box NOT acceptable)

CORAL GABLES pt. 33134
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 Agont's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

5.9

(((H09000072430)))

Title: "MGR" = Manager "MGRM" = Managing Mem	<u>Name and Address:</u> per
MGRM	ALEXANDER D. VIRELLES
	2655 LE JEUNE ROAD - PH - 2 - SUITE: E-5
	CORAL GABLES FL 33134
MGRM	UNIVERSAL FINANCIAL SERVICES, CORP.
	2655 LE JEUNE ROAD - PH - 2 - SUITE: E-5
•	CORAL GABLES FL 33134
•	
,	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
	1
(Use attachment if necessary CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.	then the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pri
ILE V: Effective date, if other effective date is listed, the date	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pri
ILE V: Effective date, if other flective date is listed, the date 0 days after the date of filing.	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pri
ILE V: Effective date, if other effective date is listed, the date of days after the date of filing. REQUIRED SIGNATURE	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pri

Page 2 of 2