

L13000050222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/04/13--01010--003 **160.00

EFFECTIVE DATE
4-4-2013

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 APR -4 AM 11:22
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 APR -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 5 2013

CAPITAL CONNECTION, INC.

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

United Co Pack, L.L.C.

Signature _____

Requested by: SETH

04/03/13

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 _____

(850) 245-6051.

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** UNITED CO PACK, L.L.C.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

STEVEN VANDER MEADE

Name of Person

UNITED CO PACK, L.L.C.

Firm/Company

6128 Spring Lake Highway

Address

BROOKSVILLE, FLORIDA 34601

City/State and Zip Code

Steve @ U.S. CO PACK LLC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN VANDER MEADE

Name of Person

at (813) 316-3072 - office

Area Code & Daytime Telephone Number

352-279-4149 - cell

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UNITED CO PACK, LLC

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

EFFECTIVE DATE
4-4-2013**ARTICLE II - Address:**

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

Principal Office Address:6128 Spring Lake Hi Way
Brooksville, Florida
34601**Mailing Address:**6128 Spring Lake Hi Way
Brooksville, Florida
34601**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:

STEVEN VANDER MEADE

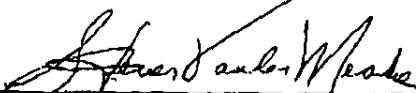
Name

6128 Spring Lake Hi WayFlorida street address (P.O. Box **NOT** acceptable)BROOKSVILLE FL 34601

City, State, and Zip

FILED
13 APR -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM

STEVEN VANDER MEADE
6128 SPRING LAKE BLVD
BROOKSVILLE, FLORIDA 34601

MGRM

CATHERINE FRANCES VANDER MEADE
6128 SPRING LAKE BLVD
BROOKSVILLE, FLORIDA 34601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 4, 2013. (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:

Steven Vander Meade
 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. 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.)

STEVEN VANDER MEADE
 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)

-# 160.00