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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: UNIVERSE NETWORK SERVICE Name of Lin	ES LLC nited Liability Company	
The en	closed Articles of Organization and fee(s) an	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	ALEXANDER CORTINA	Name of Person	
		Firm/Company	
	339 34TH AVE DR E	Address	2014 M
	BRADENTON, FLORIDA 34208	.100.030	AR 24 ET/ARY CHASSES
_rit	oftrot@verizon.net	City/State and Zip Code	UF LOAD
For fur	E-mail address: (to be use ther information concerning this matter, ple	d for future annual report notificat ase call:	non) SP 3
<u>Mark</u>	Connolly at (at (941) <u>739-6066</u> Area Code Daytime Tele	ephone Number
Enclos	ed is a check for the following amount:		
☑ \$125.0	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 Addr Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

.

ARTICLE I - Name:	,
The name of the Limited Liability Company is:	
UNIVERSE NETWORK SERVICES LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
339 - 34TH AVE DR E	339 - 34TH AVE DR E
BRADENTON, FL 34208	BRADENTON, FL 34208
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Ro	egistered 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 ag	gent are:
The many and the Florida bases and seguitered af	55
ALEXANDER CORTINA	20
Name	ZOIL MAR
339 34TH AVE DR E	全流 華 10
Florida street address (P.O. Box N	NOT acceptable)
BRADENTON City	FL 34208 Zip
City	Zip n C min
Having been named as registered agent and to accept serve	ice of process for the above stated limited liability company at
the place designated in this certificate, I hereby accept to	he 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
	gations of my position as registered agent as provided for in <u>r605</u> , F.S
	, 1.5
- I de	
Registered Agents Signatu	TO (DECLUDED)
Registered Agenes Signatu	ie (NEQUINED)
(CONTINUE)	D)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	ALEXANDER CORTINA
	339 - 34TH AVE DR E BRADENTON, FL 34208
——————————————————————————————————————	
	
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be specified.	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
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EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a management of a management of the section of the constitutes an affirmation unding I am aware that any false information in the section of	ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manual constitutes an affirmation unding I am aware that any false information.	mber or an authorized representative of a member of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median constitutes an affirmation under I am aware that any false inforconstitutes a third degree felorical ection.	mber or an authorized representative of a member of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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