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MAX UPBAN 5640 W. ATCANTIC AVE #103 PRCNAY BUOT, FC. 33484.

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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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| ☐ Walk in ☐ Pick up time | Certified Copy | - |
| ☐ Mail out ☐ Will wait | | |
| — Will Well | Photocopy | |
| NEW FILINGS | AMENDMENTS | |
| ☐ Profit | Amendment ZS 8 | |
| Not for Profit | Resignation of R.A., Officer/Director | |
| Limited Liability | ☐ Change of Registered Agent ☐ ☐ ☐ ☐ | |
| Domestication | ☐ Dissolution/Withdrawal | |
| □ Other | Merger ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | |
| OTHER FILINGS | REGISTRATION/QUALIFICATEON → | |
| | D D W | |
| Annual Report | ☐ Foreign | - |
| ☐ Fictitious Name | Limited Partnership | · Ŧ |
| | Reinstatement | ٠ . |
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 31, 2000

MAX URBAN 5640 W. ATLANTIC AVE. #103 DELRAY BEACH, FL 33484

SUBJECT: URBAN & BLE HAR ARCHITECTS, L.C.

Ref. Number: W00000021423

We have received your document for URBAN & BLE HAR ARCHITECTS, L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 300A00046505

O SEP II PM 1: 37
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

115 = 1 UPBAN + BLE HAR ARUHITECTS, L.C. **ARTICLE II - Address:**

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

5640 W. ATLANTIC AVE. SUITE 103 DELPAY BOH, FL. 33484

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

MAX UPBAN
5040 W. ATLANTIC AVE.

SUITE 103
DELNAY BOH, FL. 33484
JON BLOSS BLEHAR
1500 SOUTH OLIVE AVE.
WEST PALM BOH, FL.
33401

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

NO ADDITIONAL MAMBER

Max MAD

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

NOT APPLICABLE.

| | _ |
|--|--|
| ARTICLE VII - Affidavit of Membership and Contributions | 00 SEP |
| The undersigned member or authorized representative of a member of | SE TO |
| 1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is | STATE STATE |
| 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is | \$ 0,00 \$ 0,00 |
| | () a M a M A |
| Signature of a member or an authorized representative of a mem | p //////////////////////////////////// |
| (In accordance with section 608.408(3), Florida Statutes, the execution affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.) | of this ae facts |
| MAX UPBAN. | - |
| Typed or printed name of signee | |

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the limited liability company is: | UPBAN T | BLEHA | R |
|--|----------|-------|---|
| ARCHITECTS, L.C. | <u> </u> | | • |

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

| Care Care Care Care Care Care Care Care | MAX | URB | 4N | | | |
|---|---------------------|----------------------|---------------|---------------------------------------|------------|----------|
| - | | NAME | | · · · · · · · · · · · · · · · · · · · | ±= 779 | -1.4.t . |
| 4, " | | | | | <u> </u> | |
| 5640 | W. AT | CANTIG | AVE. | SU17 | 2 /0 | 3 |
| Flo | onda street address | (P. O. Box <u>no</u> | T ACCEPTABLE) | | 9/9 | 11 |
| DELM | PAY BOH, | FL. = | 3484 | | | |
| | F | L | | m | <u> </u> | T |
| | CITY, | STATE AND ZIP | | 2 | <i>S</i> ≥ | U |
| | | | | 9 | ₹ = | |
| | | | | Đ | 표 의 | |

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.

SIGNATURE SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent