

L030000008335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

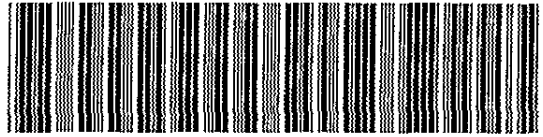
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03 MAR -6 AM 9:13
SECRETARY OF STATE
ALBANY, NY 12242

JB
3-7-03

Homer P. Appleby
Attorney at Law
3245 Saint James Drive
Boca Raton, FL 33434

Tel/Fax: 561-470-1021
happleby@earthlink.net

March 4, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Ultimate Enterprises, LLC

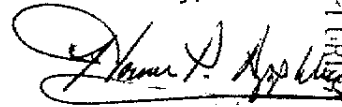
Dear Sir or Madam:

Enclosed are an original and one (1) copy of Articles of Organization for the referenced new Florida limited liability company. Also enclosed is a check payable to the Florida Department of State in the total amount of \$ 130.00, covering the filing fee, designation of registered agent, and certificate of status for the new entity.

If there are any questions regarding the enclosures please contact me by telephone or email at the numbers indicated above. Otherwise, please return the completed documents at the above address.

Thank you for your attention to this matter.

Sincerely,



Homer P. Appleby

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Ultimate Enterprises, LLC

ARTICLE II - Address:

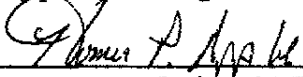
The mailing address and street address of the principal office of the Limited Liability Company is:
18117 SW 24th Street, Miramar, FL 33029,

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

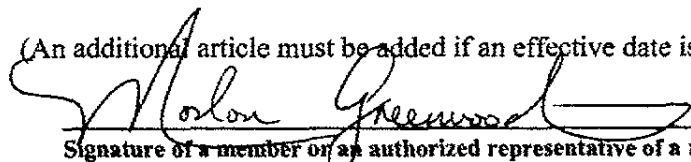
The name and the Florida street address of the registered agent are:

Homer P. Appleby
Name
3245 Saint James Drive
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton, FL 33434
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

(An additional article must be added if an effective date is requested)


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.)

Morlon Greenwood

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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