

LO4000040659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

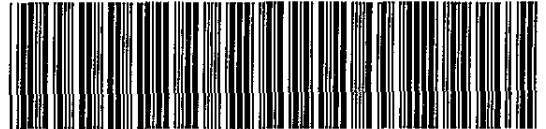
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/24/04--01046--025 \*\*125.00

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DATE: 5-24-04

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LO4-40659  
OK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UPRIVER ENTERTAINMENT, LLC  
(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:

S. Robert Soto, CPA  
(Name of Person)

De Soto Group, P.A.  
(Firm/Company)

2701 Michigan Ave. Ste. H  
(Address)

Kissimmee, Fl 34744  
(City/State and Zip Code)

For further information concerning this matter, please call:

S. Robert Soto, CPA at ( 407 ) 348 7752  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 4 19 2:15

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UPRIVER ENTERTAINMENT, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Shaun Trout

**Mailing Address:**

2458 Chicory Lane Ste. 202

Winter Park, FL 32792

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

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

Shaun Trout

Name

2458 Chicory Lane Ste. 202

Florida street address (P.O. Box **NOT** acceptable)

Winter Park, FL

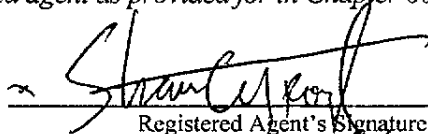
FLORIDA 32792

City, State, and Zip

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MAY 14 2016  
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*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, Florida Statutes..*

  
Registered Agent's Signature

**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

Saun Trout

2458 Chicory Lane Ste. 202

Winter Park, FL 32792

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

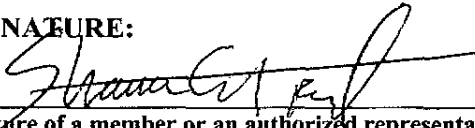
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

Shaun Trout

\_\_\_\_\_  
Typed or printed name of signee

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FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24 MAR 21 PM 2:16

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**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)