

L04000042175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

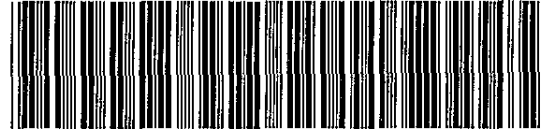
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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BM

CAPITAL CONNECTION, INC.

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

DE VCA, LLC

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- ☐ 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

Signature _____

Requested by: WL

Name

Date 6/4

Time 11:00

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: UCA, LLC

ARTICLE II - Address:

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

Principal Office Address:

904 E. Moody Blvd.

Bunnell, FL 32110

Mailing Address:

P. O. Box 579

Bunnell, FL 32110

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

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

PATRICIA HOSKINS

Name

11 Pope Lane

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

Palm Coast FL 32164

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
PATRICIA HOSKINS

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ARTICLE IV- Managing Members:

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

Title:

Name and Address:

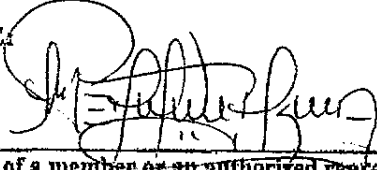
"MGRM" = Managing Member

<u>PATRICIA HOSKINS</u>	1/3rd	<u>11 Pope Lane</u> <u>Palm Coast, FL 32164</u>
<u>GERARDO ALFARO</u>	1/3rd	<u>102 Florida Park Drive</u> <u>Palm Coast, FL 32137</u>
<u>VICTOR GIMENEZ</u>		<u>2 Cooper Court</u> <u>Palm Coast, FL 32137</u>
<u>ORLANDO CALA</u>	1/3rd	<u>2220 Calle Liseta</u> <u>San Dimas, CA 91773</u>

ARTICLE V _ EFFECTIVE DATE

The effective date shall be June 10, 2004.

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.)

PATRICIA HOSKINS

Typed or printed name of signer