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SECRETASSEE FLORIDA

November 24, 2004

Registration Section Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

Re: ULTRA-IMAGES, LLC

We are enclosing a check in the amount of \$125 as filing fees for the Florida Limited Liability Company. The Transmittal Letters and Articles of Organization are filled out and signed.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

OI, NOV 29 AM 7: 20
SECRIFIAND OF STATE
AND AHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ULTRA- (Name of Limited L	IMAGES, LLC iability Company)
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	the following:
<u>Barbara</u> S	chwartz ne of Person)
Arnold Soldsfei	n + Associates
2500 N.Milita	My Trail #260
Boca Raton (City/Sta	FL 33 431 SECRETARIO DI NOV 29 AM ALLAHASSEE, F. Te and Zip Code)
For further information concerning this matter, please cal	E.FLORE
Barbara Schwartz at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$ Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
ULTRA-IMF	t6ES, LLC
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4793 NE With Avenue	4793 NE 11th Avenue
Ft lauderdale FL 33334	Ft. Lauderdale FL 33334
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
<u>Pichard</u> Name	Anderson
4793 NE Florida street ac	Ith Avenue idress (P.O. Box NOT acceptable)
Ft-Lauderdal	e FL 33334
City, State,	and Zid

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

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Richard Anderson
	4193 NE 11th Avenue Ft. Landerdale FL 33334
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REQUIRED SIGNATURE:	
1 1	0 0 0

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)