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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

: (305)675-2811 Fax Number

LIMITED LIABILITY COMPANY

**UNO MAS LLC** 

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

A VISION OF CORPORATION

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

**UNO MAS LLC** 

ARTICLE II **ADDRESS** 

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

2020 N T ST

PENSACOLA FL 32505

REGISTERED AGENT, REGISTERED OFFICE &

REGISTERED AGENT SIGNATURE

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

DESIREE CICALE

508 W GREGORY ST.

PENSACOLA FL 32502

Having been named as registered agent 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.

ARTICLE IV MANAGEMENT

The Umited Liability Company is to be managed by one or more managers and is, therefore a manager managed company.

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**UNO MAS LLC** 

ARTICLE V MANAGERS (optional)

MANAGER

DESIREE CICALE 508 W GREGORY ST.

PENSACOLA FL 32502

MANAGER JORGE CHAPA 215 N DE VILLIERS ST PENSACOLA FL 32502

x Desiree Cicale

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.

**DESIREE CICALE** 

Typed or printed name of signee

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