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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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TRANSMITTAL LETTER

	TIRE EET LER	
TO: Registration Section Division of Corporations		
SUBJECT: URBAN NATIONS	LLC	
(Name of Linhi	ted Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
IRISHA PEA	κΚ (Name of Person)	
	(Name of Person)	
URBAN NATION.	LLC	
	(Firm/Company)	
1361 NW 58"	AE	
	(Address)	
LAUTERHILL, FL	33313 iy/State and Zip Code)	
For further information concerning this matter, pleas	e call:	
TRISHA PEAK (Name of Person)	at (954) 579- (Area Code & Daytime T	-6/82 elephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee \$\infty\$ \$\inft	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is englosed)

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:					
ORBAN NATION, LLC					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
1361 NN 50th AVE LANDERHILL, FL 33313	P.O. Box 17957 PLANTATION, FL 3531	<u>8 -7</u> 957			
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Sig	;nature:			
The name and the Florida street address of the res	gistered agent are:				
IRIOHA PEAK					
Name					
1561 NW 58 MAU	<u> </u>				
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)				
LAUDERFILL	el 33313				
City, State, and	d 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 S	Signature	= ~			
(CONTINU Page 1 of 2		2005 FEB 21 PM 1: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA			

ARTICLE	IV- Manager(s) or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM MGRM	JUANITA CHIN 3700 NW 884MAVE, APT.#FIII SUNPISE, FL 35351 DEBORAH CHIN 846 NW 2004ST MIAMI, FL 38169
(Use attachment if necessary)	
•	et be added if an effective date is requested.
REQUIRED SIGNATURE:	t be added it an enective date is requested.
U	Der or an authorized representative of a member.
(In accordance with s of this document com that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
<u> </u>	Yped 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)