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Florida Department of State

Division of Corporations Public Access System

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VISION OF CORPORATION

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPA

universal strength foundation llc

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Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address: 2125 BISCAYNE BOULEVARD \$540 MIAMI, FL 33137 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
MIAMI, FL 33137 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
MIAMI, FL 33137 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
The name and the Florida spect address of the registered agent are:
JONTY BRAUN
Name
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2125 BISCAYNE BLVD., \$540
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) MIAMI FLORIDA 33137
Florida street address (P.O. Box NOT acceptable) MTAMI FLORIDA 33137 ASSESSED STREET AND Zip
2125 BISCAYNE BLVD., #540 Florida street address (P.O. Box NOT acceptable) MIAMI FLORIDA 33137* City. State. and Zip City. State. and Zip Three named as registered agent and to accept service of process for the above stated limited liability
Florida street address (P.O. Box NOT acceptable) MIAMI FLORIDA 33137* City. State. and Zip been named as registered agent and to accept service of process for the above stated limited liability at the place designated in this certificate, I hereby accept the appointment at registered agent and
#540 Florida street address (P.O. Box NOT acceptable) MIAMI FLORIDA 33137* City. State. and Zip Green named as registered agent and to accept service of process for the above stated limited liability
2125 BISCAYNE BLVD., #540 Florida street suidress (P.O. Box NOT acceptable) MIAMI FLORIDA 33137* City. State. and Zip
Florids street address (P.O. Box NOT acceptable) MIAMI FLORIDA 33137* City. State. and Zip Cent named as registered agent and to accept service of process for the above stated limited liability at the place designated in this certificate, I hereby accept the appointment at registered agent and
Florids street wideess (P.O. Box NOT acceptable) MTAMI FLORIDA 33137* City. State. and Zip Cent named as registered agent and to accept service of process for the above stated limited liability at the place designated in this certificate, I hereby accept the appointment as registered agent and et in this competitive. I further agree to comply with the provisions of all statutes relating to the provisions.
#540 Florids street address (P.O. Box NOT acceptable) MIAMI FLORIDA 33137 City. State. and Zip been named as registered agent and to accept service of process for the above stated limited liability at the place designated in this certificate, I hereby accept the appointment at registered agent and
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"MGRM"	Managing Member		
MGRM		JONTY BRAUN	
		2125 BISCAYNE BLVD.,	#540
		MIAMI, FL 33137	
			
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NOTE: An	additional article must D SIGNATURE: Signature of a member or an	be added if an effective date is reques authorized representative of a member. 08.408(3), Florida Samies, the execution of affirmation under the penalties of perjury	SEC TALL
NOTE: An	additional article must D SIGNATURE: Signature of a member or an (In accordance with section of of this document constitutes a	be added if an effective date is request authorized representative of a member. 08.408(3), Florida Statutes, the execution a affirmation under the penalties of perjury true.)	SECRETA TALLAHA
NOTE: An	Signature of a member or an of this document constitutes a that the facts stated herein are	be added if an effective date is request authorized representative of a member. 08.408(3), Florida Statutes, the execution a affirmation under the penalties of perjury true.)	SECRETAR TALLAHASS
NOTE: An	Signature of a member or an of this document constitutes a that the facts stated herein are	be added if an effective date is reques authorized representative of a member. 18.408(3), Florida Statutes, the execution a affirmation under the penalties of perjury true.)	SECRETARY C TALLAHASSEE
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