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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpor		•		
SUBJECT: <u>Uni</u>	Jersa Ren (Name of Limited	Liability Company)		
The enclosed Articles of Or	ganization and fee(s) are su	bmitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Max (ame of Person)		To seed as the
	Universal R	leasty, LLC		- a
	1471 Timber	lane Road (Address)	Smite 120-17	7
Talla	hassee, FC	32312 State and Zip Code)	 	- r
For further information con-	cerning this matter, please c	rall:		
Marc Go (Name of I	Person)	at (<u>850</u>) <u>509</u> – (Area Code & Daytime Te	4548 lephone Number)	: 2. 2.
Enclosed is a check for the	ne following amount:		21 S	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fec & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
I I	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	3: 02 STATE LORIDA	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
1471 Timbrishe Red Suite 120-17 P.O. Box 14556 Tallahassee FC 32312 Tallahassee, FC 32317				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Marc Good				
Name				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee FL 323/2 ASS City, State, and Zip				
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 (REQUIRED)				
registered Agent a pignature (KEGOIKED)				

(CONTINUED) Page 1 of 2

The name and address of each Manager of	r Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marc Gooch Po Bux 14556 Tallahassee, FL 32317
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: <u>Dak of Filing</u> . (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member EE
of this document constitute that the facts stated herei	s an affirmation under the penalties of perjury on

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)