L05000114967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900061584989

11/23/05--01028--009 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 23 PM 2:52

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** UNIVERSAL TRUST FINANCIAL SERVICES L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRIS WILSON
(Name of Person)

(Firm/Company)

2710. N. ORANGE BLOSSOM TRAIL #202
(Address)

KISSIMMEE FLORIDA 34744.
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 23 PM 2:52

For further information concerning this matter, please call:

CHRIS WILSON at (407) 908 6922
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street/Courier Address**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

UNIVERSAL TRUST FINANCIAL SERVICES LLC
(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:** |
|---|---|
| 2710. N. ORANGE BLOSSOM TRAIL | SAME |
| SUITE 202 | |
| KISSIMMEE, FL 34744 | |

**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:

CHRIS WILSON
Name
2710. N. ORANGE BLOSSOM TRAIL
SUITE 202
Florida street address (P.O. Box NOT acceptable)
KISSIMMEE FL 34744
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 23 PM 2:53

*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)

**(CONTINUED)**

**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<br>"MGRM" = Managing Member | |
| MGR | CHRIS WILSON<br>2710. N. ORANGE BLOSSOM TRAIL<br>#202, KISSIMMEE FL 34744 |
| MGRM | (1127) NANCY CURTIS<br>1127 INDIGO DRIVE<br>CELEBRATION FL 34747 |
| | |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 23 PM 2:53

**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.)

CHRIS WILSON
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)**