105000 115851

| (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



600061724506

11/30/05--01023--010 **125.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ULTRA ELEMENTS, LLC (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: |
| ALYSON A. DOWNIE (Name of Person) |
| (Name of Person) |
| ULTRA ELEMENTS, LLC |
| ULTRA ELEMENTS, LLC (Firm/Company) 10121 Colonial CC Blvd, UNIT 1809 (Address) |
| (Address) |
| FT MYERS, FL 339/3 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: Brand J. Down f at 239 561-56/3 CORPORATION (Name of Person) (Area Code & Daytime Telephone Number) |
| BRIAN J. DOWNIF at 239 561-5613 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Dertificate of Status}\$ 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 Street/Courier Address Registration Section Division of Corporations Division of Corporations |

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|--|---|---|
| ULTRA ELEMENTS | 5, LLC | |
| (Must end with the words "Limited Liability Company, "Limited | | "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liabil | lity Constany $\mathbf{x}_{i,j}$ |
| Principal Office Address: | Mailing Address: | NOV CRE |
| 10121 COLONIAL CC Blud | SAML | 30 30 |
| 10121 COLONIAL CC Blud UNIT 1809 FT Myers FL 33913 | | PHI2: |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Plan | red Agent. You must designate an individual | or another |
| Florida stant at the | TO BOW NOT went to be | 100 |
| FT MYCYS City, State, and | FL 33913 ad Zip | |
| Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist | is certificate, I hereby accept the a I further agree to comply with the formance of my duties, and I am fa ered agent as provided for in Chap | ppointment as provisions of all miliar with and |

(CONTINUED)
Page 1 of 2

| MGR Alyson A. Downie 10121 Coloning CC Blvd, Un PT Mycrs, RL 33913 CUse attachment if necessary) CLE V: Effective date, if other than the date of filing: | <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|---|
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) | | Alyson A. DOWNIE 10121 COLONIAL CC BIVD, UM FT MYETS, FL 33913 |
| 79 | | 2005 NOV 30 P |
| | CLE V: Effective date, if other than | the date of filing: (OPTIONAL) |
| | days after the date of filing.) | |
| | days after the date of filing.) REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Augusture of a member or an authorized representative of a member. | days after the date of filing.) REQUIRED SIGNATURE: | mber or an authorized representative of a member. |

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)

Typed or printed name of signee