

LD6000063849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

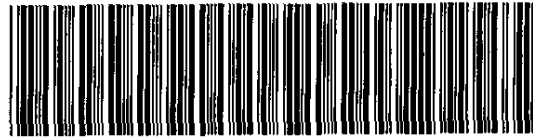
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FL LLC

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06 JUN 19 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSIAL INVESTMENT GROUP SERVICES, 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:

ANGENOR CAROLD

(Name of Person)

UNIVERSIAL INVESTMENT GROUP SERVICES, LLC

(Firm/Company)

160 2nd STREET

(Address)

NAPLES, FLORIDA 34113

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGENOR CAROLD at (239) 601-4912

(Name of Person)

(Area Code & Daytime Telephone Number)

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:

UNIVERSIAL INVESTMENT GROUP SERVICES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

160 2nd STREET

NAPLES, FLORIDA 34113

Mailing Address:

160 2nd STREET

NAPLES, FLORIDA 34113

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ANGENOR CAROLD

Name

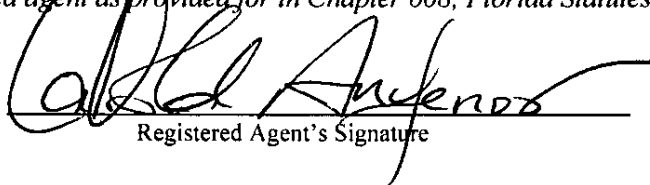
160 2nd STREET

Florida street address (P.O. Box **NOT** acceptable)

NAPLES, FLORIDA 34113

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, Florida Statutes..


Registered Agent's Signature

06 JUN 19 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ANGENOR CAROLD

160 2nd STREET

NAPLES, FLORIDA 34113

MGRM

ANGENOR NERLANDE MARIE

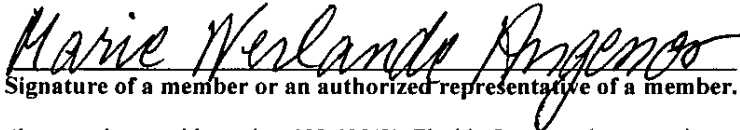
160 2nd STREET

NAPLES, FLORIDA 34113

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

ANGENOR CAROLD

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)