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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	of Status
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UNVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OR LANCO BEST	l Liability Company)	<u> </u>
·		
The enclosed Articles of Organization and fee(s) are se	abmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
GEORG GEORG	861A015	o Pivi
	Name of Person)	OF OCT -4
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(Firm/Company)	
100 (-0) (0 0)	se and	PH 2:
	(Address)	12
70.10.00	L 33837	
(City	/State and Zip Code)	
	_	
For further information concerning this matter, please	call:	
MARYELLON) GEORGIANIS	at (863) 268- (Area Code & Daytime T	1123
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
<u></u>	Deles on Elima Eas &	© 8140 00 Pilling Fac
\$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:	ON OCT	- rae-
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	F VO	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	mpany is :	SHOWS

Mailing Address: Principal Office Address:

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:

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

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..

(CONTINUED) Page 1 of 2

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 "MGRM" = Managing Member (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:** 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.)

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