

LO600013269

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000281267 3)))



H060002812673ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

06 NOV 22 PM 3:08

DIVISION OF CORPORATION

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 NOV 22 A 11:58

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**uppercut ventures, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

AL

Electronic Filing Menu Corporate Filing Menu

Help

③

H06000281267

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Uppercut Ventures, 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:

4601 W. Kennedy Blvd. Suite 104

Tampa, FL 33609

#### Mailing Address:

4601 W. Kennedy Blvd. Suite 104

Tampa, FL 33609

### 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:

Jim Valdes

Name

4601 W. Kennedy Blvd. Suite 104

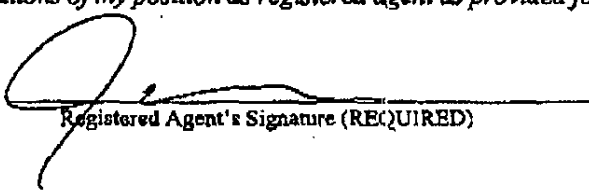
Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33609

FL

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)

(CONTINUED)

Page 1 of 2

H06000281267

H06000281267

**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:**MGRMEd Bokor1811 Bayou Grande Blvd. NESt. Petersburg, FL 33703MGRMJim Valdes924 W Adalee St.Tampa, FL 33603MGRMDevin Baillarge2111 Watrous Ave.Tampa, FL 336062006 NOV 22 A 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(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.)

Jim Valdes

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)

H06000281267