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# **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC	. United	l Business Par	tners	Servi	ices. L	LC	
SUBJEC	1.	(Name of Limit	ted Liabil	ity Compa	ny)		
		WC EIN #	•			06	
The enclo	sed Articles of	Organization and fee(s) are	submitte	d for filing			
Please ret	urn all correspo	ndence concerning this mat	tter to the	following:			
K	athleen	M. Farrelly					
			(Name of	Person)			
L	Inited Bu	usiness Partne	rs Se	rvices	3		
_			(Firm/Co	mpany)	· · · · · · · · · · · · · · · · · · ·		
6	84 Collie	er Lake Circle					
			(Addr	ess)			
·S	ebastia	n, FI 32958					
		(Cit	ty/State an	d Zip Code)	!		· · · · · · · · · · · · · · · · · · ·
For furthe	r information c	oncerning this matter, please	e call:				
Kathl	een Far	relly	at ( 7	72 <sub>)</sub>	581-4	118	4
	(Name o	of Person)	_ *** (				one Number)
Enclosed	is a check for	the following amount:					
□\$125.00	Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Cert	i.00 Filing ified Cop tional copy		(	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		Registration of Clifton Bu 2661 Exec	f Corporati	— ions er Circ	le

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	E.I.	- Na	me:

The name of the Limited Liability Company is:

# United Business Partners Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
Kathleen Farrelly	Kathleen Farrelly		
684 Collier Lake Circle	684 Collier Lake Circle		
Sebastian, Florida 32958	Sebastian, Fl 32958		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of the Kathleen Farre  N  684 Collier Lak	Registered Agent. You must designate an individual of the registered agent are:		SECRETATO 11 ACT
	et address (P.O. Box <u>NOT</u> acceptable)	<u>ڻ</u>	

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

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

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

MGR		Kathleen Farrelly
		684 Collier Lake Circle
		Sebastian, Fl 32958
	_	
	_	
(Use attachment if	necessary)	and the second of the second o
(OSO BELOCIELIONE II	110000501137	9/1/00
LE V: Effective da	te, if other than the	e date of filing: 9/1/07. (OPTIONAL

<u>required</u> 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.)

Typed or printed name of signes

## 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)