107006087469

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51-87469 Or Open



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2007

NINETTE AWAD 10708 NORTHRIDGE CT TRINITY, FL 34655

SUBJECT: UMS, LLC

Ref. Number: W07000040356

We have received your document for UMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 107A00050154

2007 AUG 24 PM 1: 12 SECRETARY OF STATE



TRANSMITTAL LETTER

	tegistration Section Division of Corporations				
SUBJECT	r: UMS, LLC UNIVER	ESAL H	ARKETIN pany)	NG SOLL	ITIONS
The enclos	sed Articles of Organization and fee(s) are s	submitted for filir	ng.		
Please reti	arn all correspondence concerning this matte	er to the followin	ıg:		
	NINETTE AWAD				
	_ (Name of Person)			
UM S ,L	LC (UNIVERSAL M	ARKETIN Pirm/Company)	6 Solu	TEONS	
	10708 NORTHRIDGE CT				
,		(Address)			
	TRINITY, FLA 34655	/State and Zip Cod	de)		
	(O.J.		,	 #	
For further	information concerning this matter, please	call:			
NINE	(Name of Person)	at (<u>727</u> (Area Coo) <u>432-2</u> de & Daytime Tel	8835 ephone Number)	<u>—</u>
Enclose d_	is a check for the following amount:				
\$125.00	Filing Fee \$ 130.00 Filing Fee & Certificate of Status	☐ \$155.00 F Certified Cop (additional copy	ру	S160.00 Fine Certificate of Certified Contact (additional copy)	Status &
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Fk	ction } rporations	Y OF STAIR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
UMS, LLC					
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
10708 NORTHRIDGE CT TRINITY,FLA 34655	Sign of				
ARTICLE III - Registered Agent, Registe The name and the Florida street address of the	red Office, & Registered Agent's Signature:				
NINETTE AWAD					
Na	ime				
10708 NORTHRIDGE CT					
Florida street	t address (P.O. Box NOT acceptable)				
TRINITY, FLA 34655	FL				
City, Sta	ite, and Zip				
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S				

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	NINETTE AWAD
	10708 NORTHRIDGE CT
and the state of t	TRINITY, FLA 34655
	e added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
NINETTE	AWAD d or printed name of signee
* 'ypc'	PR 2
Filing Fees:	d or printed name of signee
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional)	ration and Designation
\$ 5.00 Certificate of Status (Optional)	COR. T.