

LOT000093112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

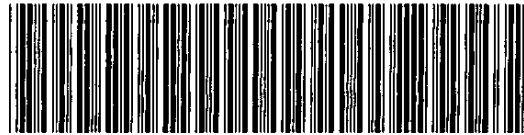
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



200108969162

09/11/07--01048--012 **155.00

FILED
07 SEP 11 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MyCorporation*
From the makers of QuickBooks

26520 Agoura Road
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct/Intl: 1-818-879-9079 | Fax: 1-818-879-8005
e-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Monday, July 02, 2007

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
07 SEP 11 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: *Ultimate Gifts and Collections, LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.
26520 Agoura Road
Calabasas, CA 91302
ATTN: FULFILLMENT DEPARTMENT

**Articles of Organization
For
Ultimate Gifts and Collections, LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Ultimate Gifts and Collections, LLC.

ARTICLE II - Address:

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

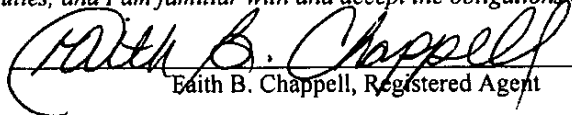
5940 North West 52 St.
Coral Springs, Florida 33067

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

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

Faith B. Chappell
5940 North West 52 St.
Coral Springs, Florida 33067

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.


Faith B. Chappell, Registered Agent

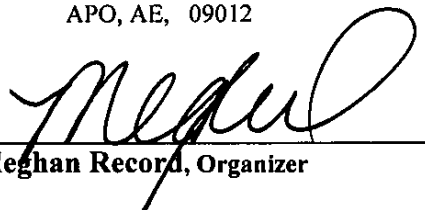
ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Sherron V. Wallace
5975 Port Tobacco Rd.
Indian Head, Maryland 20640

Faith B. Chappell
5940 North West 52 St.
Coral Springs, Florida 33067

Shakeen V. Walker
PSC 2 Box 12598
APO, AE, 09012


Meghan Record, Organizer

FILED
07 SEP 11 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA