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(Requestor's Name)
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(Document Number)
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* BAYAN 7- 42539 AUG 2 8 2007

COVER LETTER

TO: Registration Division of C			
SUBJECT:	ULTRA (Name of Limite	CITPS L. ed Liability Company)	L.C
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	TRIC	OVE DANG (Name of Person)	
	<u> </u>	2A CITPS (Firm/Company)	OT SEP 27
	104. oak G	ROUF BLU (Address)	27 PH
_ Ly	ITZ FL 3	/State and Zip Code)	4: 13
For further information	n concerning this matter, please	call:	
TRI COM	16 DANA ne of Person)	at (<u>§ 13</u>) <u>Qy §</u> (Area Code & Daytime T	7 - 2799 elephone Number)
Enclosed is a check	for the following amount:	,	
\$125.00 Filing Fee	e \$\Bigsim \$130.00 \text{ Filing Fee &.} \\ Certificate of Status	Signature 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2007

TRI CONG DANG ULTRA CLIPS L.L.C. 1904 OAK GROVE BLVD. LUTZ, FL 33559

SUBJECT: ULTRA CLIPS L.L.C. Ref. Number: W07000042359

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

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 27, 2007. Please amend your document accordingly.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6043.

Letter Number: 807A00051697

Joey Bryan Document Specialist DIVISION OF 27 PH 4: 13

Division of Comparations D.O. DOV 6997 Wellshames Florida 99914

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(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: Mailing Address:
1904 DAK 9ROUE Blue 1904 OGK GrOVERLUD LUTZ FL 33559 LUTZ FL 33559
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: TRI CONG DANG Name EFFECTIVE DATE LOGICA DANG Name
Florida street address (P.O. Box NOT acceptable) FL 33559 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)

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

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

<u>Title:</u> "MGR" = Manager		Name and Address:
"MGRM" = Managing	Member	
MORM		1904 Oak Grov= BL W
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	and the same	
	81 %,	
(Use attachment if nece	essary)	
90 days after the date of i	filing.)	e of filing:
REQUIRED SIGNAT	'URE:	
	1	Eldan /
Signat	ure of a member or	an authorized representative of a member.
of this	cordance with section document constitutes the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury 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

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