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12/19/07--01021--023 \*\*125.00

EFFECTIVE DATE

12/17/07

07 DEC 19 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

DEC 20 2007

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNITED CAPITAL OF AMERICA, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARIA SOBININA**

(Name of Person)

**UNITED CAPITAL OF AMERICA, LLC**

(Firm/Company)

**999 BRICKELL AVENUE, ST 700**

(Address)

**MIAMI, FLORIDA 33131**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MARIA SOBININA**

(Name of Person)

at ( **305** ) **904-7090**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UNITED CAPITAL OF AMERICA, 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:**

999 BRICKELL AVENUE, ST 700  
MIAMI, FLORIDA 33131

**Mailing Address:**

31 SE 5TH STREET, #2606  
MIAMI, FLORIDA 33131

**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:

MARIA SOBININA

Name

31 SE 5TH STREET, #2606

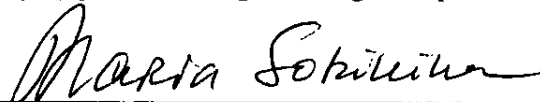
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FLORIDA 33131

City, State, and Zip

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TALLAHASSEE FLORIDA

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MARIA SOBININA

31 SE 5TH STREET, #2606

MIAMI, FLORIDA 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/17/07 (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:**

*Maria Sobinina*

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.)

**MARIA SOBININA**

Typed or printed name of signer

**FILED**  
07 DEC 19 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)