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Effective Date 05/11/08

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SECRETARY OF STATE, DIVISION OF CORPORATIONS

T. HAMPTON

MAY - 6 2008

EXAMINER

COVER LETTER

TO:	-	stration ! ion of C	Section crporations	•	
SUBJE	CT:	UF Equ	uipment LLC		
	_		(Name of Limi	ed Liability Company)	
The en	closed .	Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return a	ıll corres	pondence concerning this mat	ter to the following:	
				: (Name of Person)	
		United	l Financial Asset Manago	ement Group Inc.	
				(Firm/Company)	
		4901 (Gulf Shore Blvd. North,	Unit 1204	
				(Address)	
		Naples	s, FL 34103 (Ci	ty/State and Zip Code)	
For fur	ther inf	ormation	concerning this matter, pleas	e call:	
Mar	shal (Gorwitz (Name	e of Person)	at (920) 968-8107 (Area Code & Daytime Teleph	one Number)
Enclos	sed is a	check f	or the following amount:		
□ \$125.	00 Fili	ing Fee	S130.00 Filing Fee & Certificate of Status	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 Talluhassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle



RECEIVED

08 MAY -5 PM 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 23, 2008

UNITED FINANCIAL ASSET MANAGEMENT GROUP INC 4901 GULF SHORE BLVD NORTH UNIT 1204 NAPLES, FL 34103

SUBJECT: UF EQUIPMENT LLC Ref. Number: W08000020519

This will acknowledge receipt of your name reservation request. However, your request has not been granted and is being returned for the following reason(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 April 22, 2008. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00024448

Division Communication D.O. DOV 6007 Fellaharra Florida 20214

Effective Date 05/11/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The name of the Limited Liability Company is:	
UF Equipment LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	

Principal Office Address:

ARTICLE I - Name:

Mailing Address:

4901 Gulf Shore Blvd. North	4901 Gulf Shore Blvd. North
Unit 1204	Unit 1204
Naples, FL 34103	Naples, FL 34103

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:

United Financial Asset Management Group Inc.
Name
4901 Gulf Shore Blvd. North, Unit 1204 Florida street address (P.O. Box NOT acceptable)
Naples FL 34103 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)

By: Jon D. McMurtrie, President

United Financial Asset Management Group Inc.

(CONTINUED)
Page 1 of 2

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

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

MGR	United Financial Asset Management Group Inc 4901 Gulf Shore Blvd. North, Unit 1204 Naples, FL 34103
<u> </u>	
Use attachment if necessary)	

REQUIRED 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.)

Jon D.McMurtrie, President of Manager

Typed or printed name of signee

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)

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