

LD8000104720

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000254221 3)))



H080002542213ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : FASTKIT CORPORATE OUTFITS
 Account Number : 071001002335
 Phone : (305) 599-0839
 Fax Number : (305) 716-0346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 10 AM 8:38

FLORIDA/FOREIGN LIMITED LIABILITY CO.

UNLIMITED FUTURES PROGRAMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

G. MCLEOD
NOV 12 2008
EXAMINER

RECEIVED
08 NOV 10 AM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unlimited Futures Programs, LLC

ARTICLE II - Address:

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

Principal Office Address:

700 LaPeninsula Blvd., #202
Naples, FL 34113

Mailing Address:

700 LaPeninsula Blvd., #202
Naples, FL 34113

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

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

Bobbie Stevens
700 LaPeninsula Blvd., #202
Naples, FL 34113

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, FRS.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 10 AM 8:38

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

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

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGR

Bobbie Stevens
700 LaPeninsula Blvd., #202
Naples, FL 34113

MGRM

Michael Grubb
400 Mount Holyoke Ave
Pacific Palisades, CA 90272

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Bobbie Stevens
Typed or printed name of signee