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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	

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EXAMINER



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SECRETARY OF SIALE
DIVISION OF CHEADEATHOR

COVER LETTER

TO: Registration of	on Section Corporations	
SUBJECT:	Unlimited Ca	pital Resources LLC
SUBJECT:		d Liability Company)
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.
Please return all corn	respondence concerning this matte	er to the following:
	K	eith Brown
	(Name of Person)
	Unlimited	Capital Resources LLC
	(Firm/Company)
	901 Vene	tia Bay Blvd, Suite 260
	······································	(Address)
	Ven	ice, FL 34285
 -	(City	/State and Zip Code)
For further information	on concerning this matter, please	call:
K	eith Brown	at (941) 485-5784
(N	ame of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	k for the following amount:	
\$125.00 Filing Fe	e \$\sums\$\\$130.00 Filing Fee & \(\begin{aligned} \text{Certificate of Status}\\ Certifi	\$155.00 Filing Fee & \$160.00 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

	•	
Unlim	ited Capital Resources, LLC.	
(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	dress of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
901 Venetia Bay Blvd. Suite 260	901 Venetia Bay Blvd. Suite 260	
Venice, FL 34285	Venice, FL 34285	
	Values, 1 2 34200	
(The Limited Liability Company cannot serve business entity with an active Florida register)	nt, Registered Office, & Registered Agent's S	al or another OP SE
(The Limited Liability Company cannot serve business entity with an active Florida register)	nt, Registered Office, & Registered Agent's Sove as its own Registered Agent. You must designate an individual tration.)	al or another
(The Limited Liability Company cannot serve business entity with an active Florida register)	nt, Registered Office, & Registered Agent's Sove as its own Registered Agent. You must designate an individual tration.) ddress of the registered agent are:	SECRETARY DIVISION OF COMMENT
(The Limited Liability Company cannot serve business entity with an active Florida register.) The name and the Florida street a	nt, Registered Office, & Registered Agent's Sove as its own Registered Agent. You must designate an individual tration.) ddress of the registered agent are: Keith Brown Name	SECRETARY OF DIVISION OF CORP
(The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street and the Flori	nt, Registered Office, & Registered Agent's Sove as its own Registered Agent. You must designate an individual tration.) ddress of the registered agent are: Keith Brown	SECRETARY OF SIDIVISION OF CORPORA
(The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street a 901 Ve	nt, Registered Office, & Registered Agent's Sove as its own Registered Agent. You must designate an individual tration.) ddress of the registered agent are: Keith Brown Name enetia Bay Blvd. Suite 260	SECRETARY OF DIVISION OF CORP

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 Me	mber
MGRM	Stephen J. Cormier
	901 Venetia Bay Blvd. Suite 260
	Venice, FL 34285
MGRM	Keith Brown
	901 Venetia Bay Blvd. Suite 260
	Venice, FL 34285
MGRM	Justyna Michalowska
	901 Venetia Bay Blvd. Suite 260
	Venice, FL 34285
LE V: Effective date, if oth fective date is listed, the dadays after the date of filin	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business d
<u>.</u> <u>REQUIRED</u> SIGNATUR	,
Signature	of a member of an authorised representative of a member.
(In accordance of this doc	of a member of an authorised representative of a member. ance with section 608.408(3), Florida Statutes, the execution aument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
(In accordance of this doc	ance with section 608.408(3), Florida Statutes, the execution number the penalties of perjury

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)