L09000036759

(Requestor's Name)
(Address)
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04/08/09--01009--003 **130.00

Effective Date 04/04/09

09 APR 15 PM 2: 19

T. HAMPTON

APR 1 6 2009

EXAMINER

COVER LETTER

TO:	Registration Division of Co			
SUBJE	ect: Unl	Yeesal Ente (Name of Limite	erprises LLC. Ed Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	submitted for filing.	
Please	return all corres _l	pondence concerning this matte	er to the following:	
		Nelson. O.	Jo fre' Name of Person)	-
			(Firm/Company)	
		6951 W 1241	ointic. Blud.	
	М		10. 33063 /State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	Nelson (Name	e of Person)	at (0154) 592 B (Area Code & Daytime Tele	642. phone Number)
Enclos	ed is a check f	or 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 C Tallahassee, FL 32301	



RECEIVED

09 APR 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2009

NELSON O JOTRE 6957 W ATLANTIC BLVD MARGATE, FL 33063

SUBJECT: UNIVERSAL ENTERPRISES LLC

Ref. Number: W09000016687

We have received your document for UNIVERSAL ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L04000040512 (UNIVERSAL ENTERPRISES, LLC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 409A00011981

Registration/Qualification Section

Effective Date 04/06/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

MAT	HIAS	Enter	prises	L.L.C.	
1.4 y 4.4	(Must end with the wor	rds "Limited Liabili	y Company, "L.I	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:	Mailing Address:
6957 W Handic. 1200d.	(c
Margate. Florido: 30063.	
Florida, 30063.	
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
Melca	n. O Tofré

Nelson. U John

Name

6957 W Atlantic Blud.

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

Manaole. FL 33063

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)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s)):
The name and address of each Manager or Managing N	1

The name and address of each Ma	The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MC1.2.	Nelson. O. Jotré		
	6957 W Atlantic. Blue.		
**************************************	Margarte F.L. 33063		
MGRH	Zulma Jofré 60157 W Atlantic Blud. Margete #1. 23063		
 			
(Use attachment if necessary)			
	the date of filing: 6 of. April (OPTIONAL) st be specific and cannot be more than five business days prio		
REQUIRED SIGNATURE:	·		
Signature of a me	ember or an authorized representative of a member.		
(In accordance wi	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee