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SECRETARY OF STATE DIVISION OF CORPORATION

09 JUL 22 AM II: 13

T. HAMPTON

JUL 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ULTRA ACQUISITIONS LIC			
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:			
Vivian Tuchman			
Name of Person			
Firm/Company			
10261 SW 1425T			
Address			
MIANUI FL 33176			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Vivian Tuchmon at 786 423-0818 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			
Mailing Address Street/Courier Address			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
(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 Co	ompany is	s:
Principal Office Address: Mailing Address:		
10261 DW 142 ST 10261 SW 142 ST 10261 SW 142 ST MAMÎ FL 33176		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	ment as isions of a	all
statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60. Registered Agent's Signature (REQUIRED)	08, F.S 09 JUL 2	SE CRE TA
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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	VIVIAN TULHMAN 10261 SW 1425T MAMI FL 33175
MGR	ABRAHAM TULHMAN 10261 SU 142 ST MIÁMI FO 33 176
MGKM	REGINA TUCHUAN 10261 SW 142 ST MAMI FL 33176
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Mlua
(In accordance with sec of this document const that the facts stated her	etion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury rein are true.) The ped or printed name of signee
Filing Fees:	-
\$125 00 Eiling For for Articles of Organ	nization and Decimation

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)