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(((H10000017722 3)))



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From:

: GERALD WEINBERG, P.C. Account Name

Account Number : 120030000043 Phone

(800) 342-9856

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA/FOREIGN LIMITED LIABILITY CO. **UNOPOS, LLC**

Certificate of Status	0
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JAN 2 7 2010

**EXAMINER** 

## DANNY BYELICK MAYO BYELICK 16765 Fish Hawk Bonlevard, Suite 165 Lithia, FL 33547

26 Јапцагу 2010

To Whom it May Concern:

I am the named principal of UNOPOS, INC., which is currently "inactive". I have no plans to reinstate this easity. Therefore, I give my permission and consent for the creation of UNOPOS, LLC, in which I and Danny Ryelick are Managing Members:

Mayo Byelick

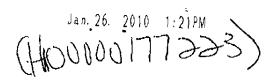
Danny Byelick

Brillyaffelt, DLS Carp in LEC Beorge Developer Critical Letter in Flants developed Peace April

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MISTEMIRUR

87/52/5818 13:37 212-880-7449



ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANS
ARTICLE I - Name: The name of the Limited Liability Company is:	JAN CO
UNOPOS,	LIC
(Must end with the words "Limited Liabili	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16765 Fish Hawk Boulevard Suite 165 Lithia, FL 33547	16765 Fish Hawk Boulevard Sulte 165 Lithia, EL 33547
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	zyistered agent are:
Danny By	<u>yelick</u>
Name	
16765 Fish Hawk Bou	llevard, Suite 165
Florida street address (P.O.	Box NOT acceptable)
Lithia ·	FL 33547_
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	scept service of process for the above stated limited as certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am funiliar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

(H100000177 223)

## Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" ≈ Managing Member	
MGRM	Danny Byelick
	16765 Fish Hawk Boulevard, Suito 165
	Llithia, Fl. 33547
MGRM	Mayo Byelick
	16765 Fish Hawk Boulevard, Suite 165
	Lithia, FL 33547
**************************************	
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL)
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days p
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days p
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business days p
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing:
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days p