(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	,		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only

G. MCLEOD APR 14 2010 EXAMINER



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COVER LETTER

TO: Registration S Division of Co			,	÷
SUBJECT: United 8	3v the Ball. LLC.			`
Sobbet.		ed Liability Cor	npany	
The enclosed Articles of	of Organization and fee(s) are	submitted for fil	ling.	
Please return all corresp	oondence concerning this mat	ter to the follow	ing:	
Tona D. Cole	э у			
· · · · · · · · · · · · · · · · · · ·		Name of Person		
United By th	e Ball			
		Firm/Company		
3121 NW 12	5th Ave			
		Address		
Sunrise, FL				
		y/State and Zip C	ode	
tonacoley27	@gmail.com E-mail address: (to be used)	for future annual r	eport notification)	
For further information	concerning this matter, please			
Tona D. Coley		at (954)654-0948	
Name	of Person	Area C	ode & Daytime Tel	ephone Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified (_	\$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	Regist Divisi Cliftor 2661 I	/Courier Address ration Section on of Corporation in Building Executive Center assee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ame: Limited Liability Company is	:		
United By the Ba				
(N	Aust end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - A The mailing addre		rincipal office of the Limited Liabili	ty Compa	any is:
Principal Office	Address:	Mailing Address:		
(The Limited Liability (Ave 23 Registered Agent, Registered	Tona D. Coley/ United By the E 3121 NW 125th Ave Sunrise, FL 33323 d Office, & Registered Agent's Sig stered Agent. You must designate an individual of	nature:	
The name and the	Florida street address of the	registered agent are:		<u> </u>
	Tona D. Coley		10 APR 13	SECI SECI
	Name	:	PR	活躍った
	3121 NW 125th Ave		သ	
		dress (P.O. Box <u>NOT</u> acceptable)	72	茶堂と
	Sunrise	FL 33323	f:	
	City, St	tate, and Zip	02	
liability comp	any at the place designated in	accept service of process for the above this certificate, I hereby accept the ap	pointmen	nt as

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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..

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

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

Title: "MGR" = Man	ouar	Name and Address:
	anaging Member	
MGR		Tona D. Coley
	- 	3121 NW 125th Ave Sunrise, FL 33323
		<u> </u>
MGRM		Antonio T. Coley
		3121 NW 125th Ave Sunrise, FL 33323
		0411100,1200020
		
(Use attachmen	it if necessary)	
CLE V. Effectiv	e date if other than the	date of filing: (OPTIONAL)
		e specific and cannot be more than five business days
0 days after the	date of filing.)	•
DEALIDED (SIGNATURE:	\bigcap α
REQUIRED S	<i>1</i> 1	
REQUIRED S	4,	/////
REQUIRED	Jon	and Colect
REQUIRED S	Signature of a membe	r or an authorized representative of a member.
REQUIRED S	(In accordance with sec	ction 608,408(3), Florida Statutes, the execution
REQUIRED	(In accordance with sec	etion 608.408(3), Florida Statutes, the execution states an affirmation under the penalties of perjury
REQUIRED	(In accordance with sec	etion 608.408(3), Florida Statutes, the execution states 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)
\$ 5.00 Certificate of Status (Optional)