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SECRETARY OF STATE AND A MASSEE, FLORIDA

J. BRYAN

SEP 17.2010

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL TAEKWON-DO CENT	
Name of Limited Lia	bility Company
The enclosed Articles of Organization and fee(s) are submit Please return all correspondence concerning this matter to t	表表 o
Pedro E Morales Jr	TO
Name	of Person
Firm/	Company
287 N Collier Blvd. Unit G	
A	ddress
Marco Island FI 34145	
City/State	and Zip Code
E-mail address: (to be used for futu	ire annual report notification)
For further information concerning this matter, please call:	
	239 )222-5322
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & S160.00 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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### UNIVERSAL TAEKWON-DO CENTER, LLC

(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 Company is:

Mailing Address:
287 N Collier Blvd. Unit G, Marco Island 34145
red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another
ne registered agent are:
me
it G
address (P.O. Box NOT acceptable)
<u>FL</u> 34145
, State, and Zip
1

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

"MGR" = Manager "MGRM" = Managir	g Member	Name and Address:	LAMASST LAMASST
MGRM		Pedro E Morales Jr	From .
141014141		287 N Collier Blvd. Unit G	6
		Marco Island FI 34145	
MGRM		D. I. Etterile O	γ
WIGRIN		Pedro E Morales Sr	<del></del>
		287 N Collier Blvd. Unit G  Marco Island FI 34145	<u></u>
			<u> </u>
			<del></del>
(Use attachment if no CLE V: Effective date ffective date is listed, days after the date of	if other than the da	nte of filing: pecific and cannot be more than five	(OPTIONAL) e business days p
days anci the date t			
REQUIRED SIGNA	TURE:		
·	ATURE: Mino	Le	
REQUIRED SIGNA	Mno	r an authorized representative of a mem	ber.
REQUIRED SIGNATED SIG	nature of a member saccordance with section	on 608.408(3), Florida Statutes, the execution test an affirmation under the penalties of perj	n

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)