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OCT 1 3 2010

EXAMINER

COVER LETTER

	tration S ion of Co	ection rporations				
SUBJECT: _	Univers	al Trust Property Mana Name of Limit				
		Name of Limit	a Liability Co	прапу		
The enclosed A	Articles of	f Organization and fee(s) are	submitted for fi	ling.		
Please return a	ll corresp	ondence concerning this matt	er to the follow	ring:		
Chris	Wilson,	As Trustee				
		····	Name of Person			
Unive	rsal Tru:	st Property Management	, LLC			705 6
			Firm/Company			場る四
716 Hughey Street						OCT 12 PM 3: 37
			Address			图 图
Kissim	nme, FL	34741				S. C.
11100111	11110, 1 L		y/State and Zip C	Code		= = 3
wilson	നവnive	rsaltrust.com	· -			7
		E-mail address: (to be used)	or future annual	report notification	n)	 _
For further info	ormation	concerning this matter, please	call:			
Chris Wilson, As Trustee at (407) 932-4406						
		of Person		ode & Daytime	Telephone Number	
Enclosed is a	check fo	or the following amount:				
☑\$125.00 Fili:	ng Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified (additional)	_	Certified (of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Addr tration Section ion of Corporat in Building Executive Cent hassee, FL 3230	ions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:			
	operty Management, L	LC (ty Company, "L.L.C.," or "LLC.")		
(Must et	nd with the words "Limited Liabili	ty Company, "L.E.C., or "LLC.")		
ARTICLE II - Addre The mailing address a		incipal office of the Limited Liability Com	ıpany is:	
Principal Office Add	lress:	Mailing Address:		
716 Hughey Street		716 Hughey Street		
Kissimmee, FL 34741		Kissimmee, FL 34741		
<u>Cr</u>	rida street address of the ro hris Wilson, As Trustee Name 16 Hughey Street	cgistered agent are: All ASSET Iress (P.O. Box NOT acceptable)	FILED 98 3: 37	
Ki	issimmee	FL 34741	ယ်	
	City, Sta	FL 34741 Err	_	
liability company a registered agent and a statutes relating to t	at the place designated in to agree to act in this capacity the proper and complete pe	accept service of process for the above stated his certificate, I hereby accept the appointmy. I further agree to comply with the provising formance of my duties, and I am familiar wastered agent as provided for in Chapter 608, where the control of the control	ent as ons of all vith and	

(CONTINUED)

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Chris Wilson, AsTrustee 716 Hughey Street Kissimmee, FL 34741 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Chris Wilson, As Trustee Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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