# L10000118114

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Effective Date 01/01/2011

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SECRETARY OF STATE

W1-46581

J. BRYAN

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**FXAMINER** 



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2010

PETRA HERRERA UNIVERSAL TAX SERVICE LLC 12315 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787

SUBJECT: UNIVERSAL TAX SERVICE LLC

Ref. Number: W10000046581



We have received your document for UNIVERSAL TAX SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P00000100340, UNIVERSAL TAX SERVICE, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00023581

Registration Section

TO:

# **COVER LETTER**

Division of C	orporations			
SUBJECT:	Universal Tax	LLC		
	Name of Limited	Liability Company	y	- `/o {
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	ټ * '	FCRET
Please return all corres	pondence concerning this matter	r to the following:		25.2
	Petra H	errera		July (
	j	lame of Person		, ,
	Universal 1	Γax LLC		
	J	rim/Company		
	12315 West C	olonial Driv	e	
		Address		
	Winter Garder	. El 24797		
		State and Zip Code		
	petra.herrera@y	ahoo.com		
	E-mail address: (to be used for	future annual report	notification)	
For further information	concerning this matter, please o	æll,		
Petra	Herrera	at ( 407 )	535-7760	
Name	of Person	Area Code & Daytime Tolephone Number		•
Enclosed is a check to	for the following amount:			
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy is	Certificate of St	atus &
	Mailing Address Registration Section Division of Corporations P.O. 150x 6527 Tallahassee, FL 32314	Registration Division of Clifton But	Corporations laing stive Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

700 C.A. Y.L. S. 1711.00. A.	
The name of the Limited Liability Cor	npany is:
Unive	sal Tax LLC
(Must end with the words "Li	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ن کری ف
	of the principal office of the Limited Liability Companyis
Principal Office Address:	Mailing Address:
12315 West Colonial Drive	12315 West Colonial Drive
Winter Garden, FL 34787	Winter Garden, FL 34787
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signature; own Registered Agent. You must designate an individual or another  Effective Date 0/0/2011
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address	egistered Office, & Registered Agent's Signature; own Registered Agent. You must designate an individual or another  Effective Date 0//0//2011 s of the registered agent are:
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another  Effective Date 0//0//2011 s of the registered agent are:
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Jakeline Lumus	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another  Effective Date 0//0//2011 s of the registered agent are:
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Jakeline Lumuc  630 Coral C	egistered Office, & Registered Agent's Signature; own Registered Agent. You must designate an individual or another  Effective Date 0//0//2011 s of the registered agent are:  Name
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Jakeline Lumuc  630 Coral C	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another  Effective Date 0//0//2011 s of the registered agent are:  Name  Len Loop, Apt 102  street address (P.O. Box NOT acceptable)

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

<u>l'itle:</u>	Name and Address:	For O
"MGR" = Manager	<del></del>	ES 6
"MGRM" = Managing Member		
MGR	Petra Herrera	Sitt
**************************************	1524 Lucky Pennis Way	
	Apopka, FL 32712	70
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		The state of the s
The second secon		
		<u> </u>
•		
		<del></del>
		#
(Use attachment if necessary)		
(Con amanimon i managem 3)		
I & V. Effective date if other than the	e date of filing: January 1, 2011	(OPTIONAL)

## **REQUIRED SIGNATURE:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Petra Herrera Typed or printed name of signee

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)