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SECRLIARY OF STATE
LLAHASSEE FISIALE

B. BOSTICK

JAN 2 6 2011

**EXAMINER** 

# **COVER LETTER**

	ion Section of Corporations			
<sub>SUBJECT:</sub> EB	-5 Universal Manag	gement, LLC		
		ted Liability Company		
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.		
		_		
Please return all co	rrespondence concerning this ma	ner to the following:		
Harve	y Mattel			
<del></del>		Name of Person		
Law O	ffices of Harvey Ma	ttel		_
		Firm/Company		
P.O. B	ox 02-9010			
		Address	₹.	
Fort Lau	uderdale, Florida 3330	02-9010	ALL/	=
		ty/State and Zip Code		
harvey.r	nattel@harveymattel.co	om	83	2
	E-mail address: (to be used	for future annual report notification)	in E	
For further informa	ation concerning this matter, pleas	e call:	FLC SI	P
Harvey Matte	<u> </u>	at ( 954 ) 763-5095	)R D D	្តា
	lame of Person	Area Code & Daytime Telep	phone Number	ω,
Enclosed is a che	ck for the following amount:			
5125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	
	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 C		

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

# EB-5 Universal Management, 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:

Principal Office Address:	Mailing Address:
300 Jordan Road Troy, New York 12180	Harvey Mattel P.O. Box 02-9010
	Fort Lauderdale, Florida 33302-9010
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or ambitror The registered agent are:
1	Name C P
633 South Feder	Pal Highway, 8th Floor  eet address (P.O. Box NOT acceptable)  Part Signary Si
Florida stre	eet address (P.O. Box NOT acceptable)
Fort Lauderdale	<sub>FL</sub> 33301
C	ity, State, and Zip

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

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

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

MGRM	John A. Peterson	
	300 Jordan Road	
	Troy, New York 12180	
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(Use attachment if necessary)		≃≟ ౮
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**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. 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.)

## John A. Peterson

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)