L11000011865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL
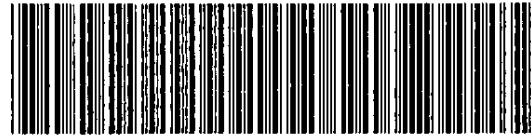
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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01/27/11--01017--021 **125.00

EFFECTIVE DATE 01-23-11

FILING CANCELLED
RETURNED CHECK

B. BOSTICK

JAN 2 8 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
       Division of Corporations

SUBJECT: **Ulojize LLC.**
_____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Loving
_____
Name of Person

Ulojize LLC.
_____
Firm/Company

620 NW 35th Street
_____
Address

Gainesville, Fl 32607
_____
City/State and Zip Code

ulojize@yahoo.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Loving   at (**352**) **328-1279**
_____
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[✓] $125.00 Filing Fee   [ ] $130.00 Filing Fee &   [ ] $155.00 Filing Fee &   [ ] $160.00 Filing Fee,
                             Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                   (additional copy is enclosed)

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Ulojize 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:

620 NW 35th Street
Gainesville, FL 32607

Mailing Address:

620 NW 35th Street
Gainesville, FL 32607

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Matthew Loving
Name

620 NW 35th Street

Florida street address (P.O. Box **NOT** acceptable)

Gainesville   FL 32607

City, 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Matthew Loving
620 NW 35th Street
Gainesville, FL 32607

MGRM

Dana Loving
620 NW 35th Street
Gainesville, FL 32607

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 23rd 2011   . (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.
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.)

Dana Loving
_____
Typed or printed name of signee