Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CASEY CIKLIN LUBITZ MARTENS & O'CONNELL Account Name

Account Number : 076376001447 : (551)832-5900 : (551)833-4209 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. UST Acquisitions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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#207 P.002/003

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SHURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UST ACQUISITIONS, LLC (Milet end with the words "Limited Liability Company," 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:
4705 S. Apopka Vineland Road	4705 S. Apooka Vineland Road
Sulfe 201	Sults: 201
Orlando, Florida 32819	Orlando, Florida 32819

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 Plorida street address of the registered agent are:

Lothar Este	aļn
,	Name
	opka Vinetand Road, Suite 201
	Plovida street address (P.O. Box NOT acceptable)
Orlando	_{FL} 32819
	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 us 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 us provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

Lothar Estein

(CONTINUED)

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

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	705 5 Apopha Vineland Puly Suite
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(Use attachment if necessary)	

(In accordance with section 608,408(3), Florida Statistist, the size often of this document constitutes an affirmation under the penalties of perjusy that the lists stated herein are true. I am aware that any false information submitted in a document in the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Lothar Estein

Typed or printed name of signee

Filing Foos:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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