Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000209468 3)))



H110002094883ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

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

Email Address:

RECEIVED 1 AUG 23 PH IZ: 38 ECKETARY OF STATE 11 AHASSFE, FLORID

FLORIDA LIMITED LIABILITY CO. UNIVERSAL MOTOR SALES L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

IT AUG 23 AM 9: 35

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

AUG 24 2011

EXAMINER

07/04/2028 01:08 08/19/2011 FRI 14:41 FAX 225 272 4474

06/30/2029 03:68

#2001 P.001/008

H11000209468

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:	,	
Universal Motor SalESLLC. Output and with the words "Limited I behilling Company, "LLC," or "ILC."		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
1620 NW 1 PL	1620 NW 1 PL	
Mian; FL 33136	Miam; FC 33136	
City, Su	egistered agent are: (A) TOP PL iress (P.O. Box NOT acceptable) FL ato, and Zip	
registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regi	decept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and stered 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):

#2149 P.003/003 2004/004

06/30/2029 03:58

H11000209468

#2001 P.002/003

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 perjusy 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 falony as provided for in s.817.155, F.S.)

Rigoberto Umanzoc.
Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Fixing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2