

L110000122989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

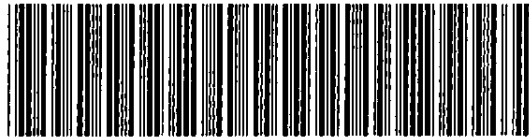
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 28 2011
EXAMINER



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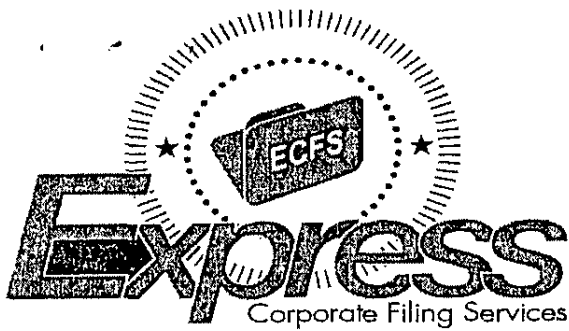
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11 OCT 28 AM 10:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Univerzo, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in
 ☒ Pick up time _____
 ☒ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIVERSO, 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:

1000 PONCE DE LEON BLVD

STE: 300

CORAL GABLES, FL 33134

Mailing Address:

1000 PONCE DE LEON BLVD

STE: 300

CORAL GABLES, FL 33134

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:

YANELYS PRUNEDA

Name

1000 PONCE DE LEON BLVD STE: 300

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

CORAL GABLES FL 33134

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)

(CONTINUED)

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OCT 28 PM 1:12

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

YANELYS PRUNEDA

1000 PONCE DE LEON BLVD STE: 300

CORAL GABLES, FL 33134

MGRM

MILAGROS LOPEZ

1000 PONCE DE LEON BLVD STE: 300

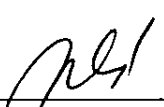
CORAL GABLES, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

MILAGROS LOPEZ

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)

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, YANELYS PRUNEDA & MILAGROS LOPEZ who after being first duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of UNIVERSO, LLC a Florida corporation to be filed with the Florida Department of State on or about OCT. 26, 2011
2. The undersigned hereby consents to and authorizes the use by UNIVERSO, LLC of the name UNIVERSO, CORP
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of Reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.



YANELYS PRUNEDA



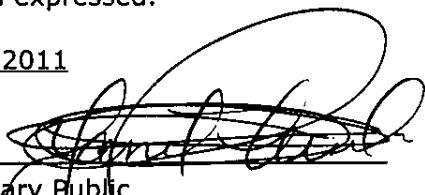
MILAGROS LOPEZ

STATE OF FLORIDA) SS:

COUNTY OF MIAMI-DADE

PERSONALLY appeared before me, YANELYS PRUNEDA & MILAGROS LOPEZ who is personally known to me, who being by me first duly sworn, acknowledges that she signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 26 day of OCT., 2011



Notary Public

