## #1/200035567

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K. SALY EXAMINER MAR 13 2012

## COVER LETTER

Division of Corporations
SUBJECT: Universal Advertising Solutions LL 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:
Dr. David Singer Name of Person
DSE Clinical & Practice Procedures Firm/Company
HOI Yelvington Ave
Clearwater, FL 33755 City/State and Zip Code
Chalie & USE-INC, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles 13a tolort at (727) 443 7008  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Universal Advertising (Must end with the words "Limited Liability	Solutions LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/O HCPS 7340 N. US HWY27#211 OCA/A, FL 34482	401 Yelvington Ave Clearwater FL 33755
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
DR David Singer	
Name  HOI Yelvington Ave  Florida street address (P.O. Box NOT acceptable)	
<u>Clearwater</u> City, Stat	on Ave  ess (P.O. Box NOT acceptable)  FL 33755
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
m612	Nickolas Venegas-Singer 2840 W. Bay Dr. #225 Belleair Bluff, Fl 33770
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	r or an authorized representative of a member.
(In accordance with section 608 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	A.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.)
Nickolus Ve	ped 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)