

10/01/2030

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#0503 P.001/003

**L1200046158**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
UNIVERSAL PACK & SOLUTIONS, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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12 NOV 19 AM 10:26

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B. BOSTICK  
NOV 20 2012  
EXAMINER

H12000274310

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is:

Universal Pack &amp; Solutions, LLC.

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**4822 NW 114<sup>th</sup> Court  
Doral, FL 33178**Mailing Address:**4822 NW 114<sup>th</sup> Court  
Doral, FL 33178**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:

Christian C Sanchez  
4822 NW 114<sup>th</sup> Court  
Doral, FL 331784822 NW 114<sup>th</sup> Court  
Florida Street address (P.O. Box NOT acceptable)Doral, FL 33178  
City, State, and ZipSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 the 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.

X  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:** \_\_\_\_\_

**Name and Address:**

**"MGR" = Manager**

\*MGRM: = Managing Member

**MGRM**

**Rafael A. de los Santos**  
**4822 NW 114<sup>th</sup> Court**  
**Doral, FL 33178**

**MGRM**

**Christian C Sanchez**  
**4822 NW 114<sup>th</sup> Court**  
**Doral, FL 33178**

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: Monday, November 19, 2012. (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business day**  
**prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

X

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.)

**Rafael A. de los Santos**  
Typed or printed name of signee

SENA, JAMES STANLEY  
TALLAHASSEE, FLORIDA

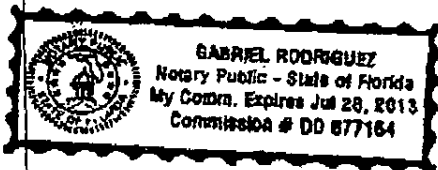
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STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Monday, November 19, 2012, Rafael A de los Santos the Member, wife is personally known to me and who did take an oath.

Gabriel Rodriguez, Notary Public  
State of Florida at Large



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