

L13000027779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

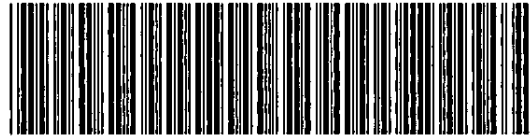
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2013 FEB 21 AM 1:46

C. LEWIS
FEB 22 2013
EXAMINER



MITRANI RYNOR
ADAMSKY TOLAND

ATTORNEYS

1200 Weston Road
Penthouse
Weston FL 33326
T 954.335.1010
F 954.335.1017
www.mitrani.com

Miami Beach Office
301 Arthur Godfrey Rd
Penthouse
Miami Beach FL 33140

Howard S. Toland
htoland@mitrani.com

February 20th, 2013

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FEDERAL EXPRESS

RE: Incorporation of University Marketplace Partners, LLC
File # 2005.0077

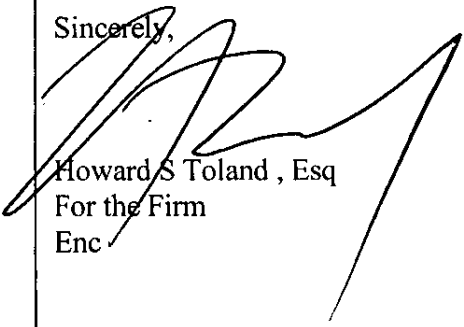
Dear Sir:

Enclosed please find the paperwork to file for incorporation of the LLC to be known as University Marketplace Partners, LLC . The packet includes the following original, signed documents ;

1. Cover letter
2. Filing fee check in the sum of \$130.00
3. Articles of Organization for Florida Limited Liability Company

Please contact me if there are any questions or you require any additional information. I enclose a pre addressed postage prepaid envelope for e return of the Certificate of Status .

Sincerely,


Howard S Toland , Esq
For the Firm
Enc

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: University Marketplace Partners, LLC
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:

Howard S Toland

Name of Person

Mitrani, Rynor, Adamsky & Toland PA

Firm/Company

1200 Weston Rd., Third Floor

Address

Weston, FL 33326

City/State and Zip Code

htoland@mitrani.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Toland

Name of Person

at **(954) 335-1010**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 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:

University Marketplace Partners, 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:

7879 Pines Blvd., Suite 103

Pembroke Pines, FL 33024

Mailing Address:

7879 Pines Blvd., Suite 103

Pembroke Pines, FL 33024

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:

Howard S Toland, Esq

Name

1200 Weston Rd., Third Floor

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

Weston

FL 33326

City, State, and Zip

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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 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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Yosef Yosifove

MGRM

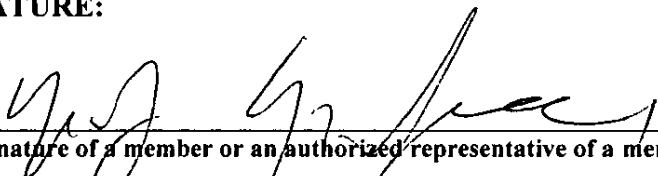
7879 Pines Blvd 3rd FL
Pembroke Pines, FL 33024

(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.)

Yosef Yosifove

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)