

#L 1300078662

Division of Corporations

Florida Department of State  
Division of Corporations  
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EFFECTIVE DATE  
5-30-2013

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : 120080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

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13 MAY 30 AM 8:30  
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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.  
UC144, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

K. SALLY  
EXAMINER  
MAY 31 2013

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

EFFECTIVE DATE  
5-30-2013

**UCI44, LLC**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**Principal and Mailing Address**

**2410 NE 195 ST  
Miami, FL 33180**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**Name           JOSE SAUCO  
Address       2410 NE 195 ST  
                 Miami, FL 33180**

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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...*

*Jose Saucó*

\_\_\_\_\_  
Registered Agent's Signature

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

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

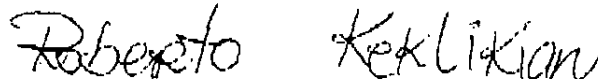
Title: MGR  
Name: ROBERTO KEKLIKIAN  
Address: 2410 NE 195 ST  
Miami, FL 33180

Title: MGRM  
Name: JOSE SAUCO  
Address: 2410 NE 195 ST  
Miami, FL 33180

**ARTICLE V:** Effective date, if other than the date of filing: MAY 30, 2013

(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.)

**ROBERTO KEKLIKIAN**

\_\_\_\_\_  
Typed or printed name of signee