

L130000148863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

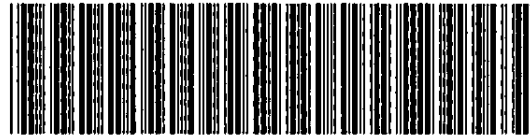
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700252708547

10/21/13--01044--007 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 21 PM 3:47

FILED

OCT 22 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNRB 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:

Noel Rochford

Name of Person

Firm/Company

1722 65th Way N

Address

St. Petersburg, FL 33710

City/State and Zip Code

unrbmusic@gmail.com

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

For further information concerning this matter, please call:

Noel Rochford

Name of Person

at (727) 251-8794

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

2013 OCT 21 PM 3:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNRB 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:

1722 65th Way N
St. Petersburg, FL 33710

Mailing Address:

1722 65th Way N
St. Petersburg, FL 33710

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:

Noel Rochford

Name

1722 65th Way N

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

St. Petersburg, FL 33710

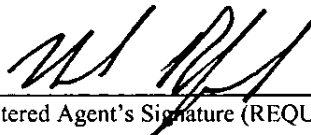
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 21 PM 3:47

FILED

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)

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

Noel Rochford
1722 65th Way N
St. Petersburg, FL 33710

MGRM

Nic Gierdano
2790 Cordova Way S
St. Petersburg, FL 33712

MGRM

Eric Allaire
7301 Otter Creek Dr
New Port Richey, FL 34655

MGRM

Ben Datin
1153 Lancer Ln
Tarpon Springs, FL 34689

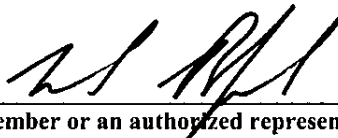
(Use attachment if necessary)

Please see attachment for
remaining MGRM

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.)

Noel Rochford

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 21 PM 3:47

FILED

UNRB LLC ARTICLES OF ORGANIZATION

Title

Name + Address

MGRM

Dan Smith

2564 Bent Tree Rd

Palm Harbor, FL 34683

MGRM

Andy Pilcher

1919 Byram Dr

Clearwater, FL 33755

MGRM

Matt Weihmuller

13502 Westshire Dr

Tampa, FL 33618

FILED
2013 OCT 21 PM 3:47
CLERK OF STATE
TALLAHASSEE, FLORIDA