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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

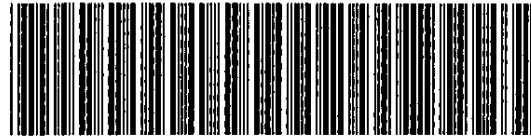
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/04/14--01016--013 **125.00

14 FEB -4 AM 11:35
REGISTRATION UNIT
TALLAHASSEE, FL 32310

J. Shivers FEB 05 2013

Law Offices of
BRUCE WEIHE, P.A.

January 31, 2014

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

Dear Sir or Madam:

Please be advised that Steven J. Greene, a client of our firm, is filing papers to register "UST, LLC" as a Limited Liability Company authorized to do business in Florida.

In that vein, enclosed, please find an original Cover Letter and Articles of Organization for UST, LLC, executed by Steven J. Greene, the Member Manager and registered Agent for UST, LLC.

Also enclosed is a check for \$125.00, for the filing fee for UST, LLC.

Please do not hesitate to contact me directly with any questions that you may have with respect to this filing. Your courtesies and cooperation are sincerely appreciated.

Very truly yours,



Bruce Weihe, Esq.

Enc.: Cover Letter
Articles of Organization for UST, LLC
Check to Florida Department of State

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UST, 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:

Bruce Weihe

Name of Person

Bruce Weihe, P.A.

Firm/Company

333 No. New River Drive E., Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

bweihe@bawlawyer.com

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

For further information concerning this matter, please call:

Bruce Weihe

at

954

Area Code

607-6723

Daytime Telephone Number

Name of Person

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

TALLAHASSEE DIVISION
14 FEB - 4 11:35
2007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UST, 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:

Mailing Address:

2231 NE 44th Street
Lighthouse Point, FL 33064

2231 NE 44th Street
Lighthouse Point, FL 33064

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:

Steven Greene

Name

2231 NE 44th Street

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

LIGHTHOUSE POINT,

FL 33064

City

Zip

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Steven Greene

2231 NE 44th Street

Lighthouse Point, FL 33064

AMBR

Steven Greene

2231 NE 44th Street

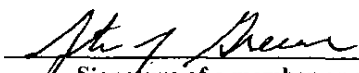
Lighthouse Point, FL 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 1, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Steven Greene

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)

14 FEB - 6 PM 11:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE