

L14000042858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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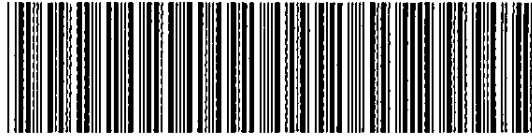
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2014

D. B. JOE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 048568 6864A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 11, 2014

ORDER TIME : 2:45 PM

ORDER NO. : 048568-005

CUSTOMER NO: 6864A

DOMESTIC FILING

NAME: URIMER LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Urimer 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:

7322 Vistalmar Street

7322 Vistalmar Street

Coral Gables, FL 33143

Coral Gables, FL 33143

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:

Sonia Da Corte

Name

7322 Vistalmar Street

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

Coral Gables

FL 33143

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.

By: 

Registered Agent's Signature (REQUIRED)

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CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

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ARTICLE IV -

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

Title:

"AMBER" – Authorized Member

"MGR" – Manager

AMBR

Name and Address:

Urimer Development Ltd

Hunkins Waterfront Plaza

Suite 556, Main Street

Charlestown, Nevis

(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.)

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

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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.)

Sonia Da Corte, Authorized Representative, Urimer Development Ltd.

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)

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