

L14000088656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

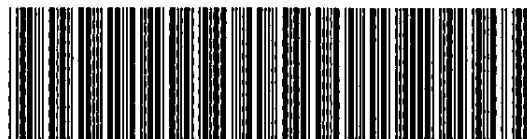
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-22981

Office Use Only



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04/08/14--01006--018 \*\*78.75

05/23/14--01042--001 \*\*46.25

FILED  
14 MAY 23 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 2 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The UpUpUp Group 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:

OKESENE TILO  
Name of Person

Firm/Company

1917 E. 5<sup>th</sup> AVE  
Address

TAMPA FL 33605  
City/State and Zip Code

OKESENE@theritzlybor.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OKESENE TILO at ( 813 ) 394 0559  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2014

OKESENE TILO  
1917 E. 5TH AVE  
TAMPA, FL 33605

SUBJECT: THE UP UP UP GROUP LLC  
Ref. Number: W14000022981

We have received your document for THE UP UP UP GROUP LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00007765

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE UPUPUP Group 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:

1917 E 5TH AVE  
TAMPA  
FL 33605 USA

SAME

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:

OKESENE TILO

Name

1917 E 5TH AVENUE

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

TAMPA

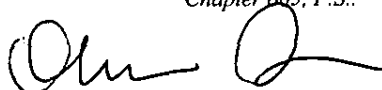
City

FL 33605

Zip

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TALLAHASSEE, FLORIDA

*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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14 MAY 23 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

~~OKESENE TILO~~ AMBR

OKESENE TILO  
1917 E 5<sup>TH</sup> AVE  
TAMPA FL 33605

MGR

CARLA J VAUGHAN  
2425 STUART ST  
TAMPA FL 3365

MGR

GABRIANO RIFUGIATO  
3535 7<sup>TH</sup> AVE N  
ST. PETERSBURG, FL 33713

(Use attachment if necessary)

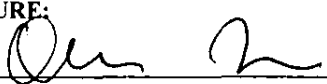
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 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.)

Okesene Tilo  
\_\_\_\_\_  
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)