

L14000116457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

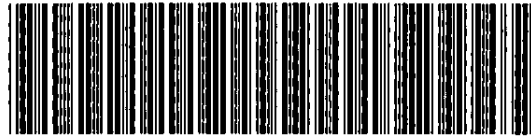
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/14--01004--019 **125.00

14 JUL 24 AM 9:55

MICHAEL J. MOSKOWITZ, ATTORNEY

Florida Bar Member # 0239313

1265 Beacon Street - # 502

Brookline, Massachusetts 02446-5288

(954) 661-5260

July 21, 2014

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

Attn: Registration Section

Re: Articles of Organization - UKA INVESTMENTS, LLC

Dear Registration Section:

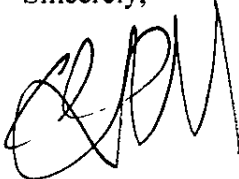
Attached are:

1. Executed Articles of Organization for the above named Liability Company.
2. Operating Account check no. 3167 in the amount of \$125.00, made payable to your office, for filing fee and designation of registered agent.

Please acknowledge the filing of this Limited Liability Company to this office as soon as possible.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'MJM' with a large, stylized flourish at the end.

Michael J. Moskowitz
MJM:mjm

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UKA INVESTMENTS, 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:

508 STONEMONT LANE
WESTON, FL 33326

508 STONEMONT LANE
WESTON, FL 33326

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:

CHARLES WAJSBROT

Name

508 STONEMONT LANE

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

WESTON,

FL 33326

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 603, F.S.

x

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUL 24 AM 9:55

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

CHARLES WAJSBROT

508 STONEMONT LANE

WESTON, FL 33326

AMBR

DALIA B. WAJSBROT

508 STONEMONT LANE

WESTON, FL 33326

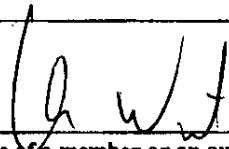
(Use attachment if necessary)

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:

x 

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.)

CHARLES WAJSBROT

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 JUL 24 AM 9:55