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(Re	equestor's Name)	
(Ac	ddress)	·
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne) .
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEGREJARY OF STATE TALLAHASSEE, FLORIDA

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EXAMINER
JAN 27 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UNB Events, 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:
VIII N. Bums Name of Person
UNB Events LLC. Firm/Company
958 Hamilton Circle Address
Haines City, FL 33844 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (7163) 242-0100 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
UNB Everts (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	SE OF PR
Principal Office Address:	Mailing Address:
938 Hamilton Circle	958 Hamilton Circle
Haines City, FL 33844	Haines City, FL 33844
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Roanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent arc:
Vill Burne Name	
958 Hami Hon Florida street address (P.O. Box N	OT acceptable)
Haines City	FL 33844 Zip
II . L	ion of progons for the above stated limited liability company at

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)

Page 1 of 2

Title:		Name and Address:
"AMBR" = Authorized Mem "MGR" = Manager	ber	
Jill Bucns-H	NBR GR	Jill Burns 958 Hamilton Circle Haines City, FL 33844
		15 J
effective date is listed, the date	han the date of filing:	
ICLE V: Effective date, if other t	han the date of filing: must be specific and	
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