L/5000/0876/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/22/15--01011--008 **125.00

15 JUN 22 PH I2: 42

JUN 2 5 2015 S. GILBERT

COVER LETTER

	Registration Section Division of Corporations	-		
SUBJEC	UNLIMITED ELECTRICAL PAI	RTS		
SOBJEC		Limited Liabili	ty Company	
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.	
Please ret	urn all correspondence concerning this	matter to the f	ollowing:	
	LUIS URENA			
		Name of	Person	
	UNLIMITED ELECTRICAL PAR	TS		
		Firm/Co	mpany	
	12135 NW 71st STREET			
		Addr	ess	
	PARKLAND, FLORIDA 33076			
	luisu0801@yahoo.com	City/State and	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notificati	on)
For further	information concerning this matter, ple	ease call:		
	LUIS URENA	954 (557-2256	
	Name of Person	Area Code	Daytime Telephone	
Enclosed i	is a check for the following amount:			
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

ARTICLE I - Name: The name of the Limited Liability Company is: UNLIMITED ELECTRICAL PARTS, 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: 12135 NW 71st STREET

12135 NW 71st STREET	12135 NW 71st STREET
PARKLAND,FLORIDA	PARKLAND,FLORIDA
33076	33076

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:

LUIS URENA		
	Name	
12135 NW 71st STI	REET	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
PARKLAND	FL	33076
City	State	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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a pamber or an authorized representative of a member.	Title:	Name and Address:
(Use attachment if necessary) TLE V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
REOUIRED SIGNATURE: Signature of a beenber 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.) Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager	
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