

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000012977 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014

Phone : (941) 907-3999 Fax Number

: (941)907-8999

**Enter the email address for this business entity to be used for further

annual report mailings. Enter only one email address please.**

tp4729@yahoo.com Email Address:

FLORIDA LIMITED LIABILITY CO. URBAN PLANNING SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H16000012977 3

ARTICLES OF ORGANIZATION FOR URBAN PLANNING SOLUTIONS, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute Chapter 605 entitled the Florida Revised Limited Liability Company Act, as amended, does hereby adopt the following Articles of Organization for such company:

ARTICLE I. NAME

The name of this company shall be URBAN PLANNING SOLUTIONS, LLC; and shall be referred to herein as "the Company" or "this Company."

ARTICLE II. MAILING AND STREET ADDRESS

The mailing address and the street address for the Company is 4840 Trout River Xing, Ellenton, FL 34222.

ARTICLE III. REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent and office for this Company is as follows:

Timothy Polk 4840 Trout River Xing Ellenton, FL 34222

ARTICLE IV. MANAGEMENT

This Company shall be a manager-managed limited liability company. The initial firms shall be Timothy Polk.

G JAN 15 PM 12: 41



Michael J. Smith, Esq. Fla Bar No. 0016252 Najmy Thompson, P.L. 1401 8th Avenue West Bradenton, Florida 34205 (941) 748-2216

FAX AUDIT NO.:

H16000012977 3

01/15/2016 16:17

#920 P.003/003

16 JAN 15 PM 12: 41

SECRETARY OF STATE TALLAHASSEE, FI,ORIDA FAX AUDIT NO.:

H16000012977 3

ARTICLE_V. INDEMNIFICATION

This Company shall indemnify any member, manager, officer, director, employee, or agent, and any former member, manager, officer, director, employee, or agent, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, as the authorized representative of the Company, has signed these Articles of Organization on this (b) day of January, 2016.

representative

In accordance with section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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 such duties, and I am familiar with and accept the obligations of such position as Registered Agent as provided in Chapter 605, F.S.

From: NAJMY THOMPSON