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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

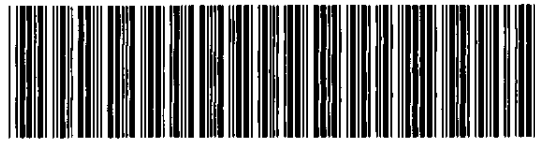
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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16 MAY 31 PM 4:47
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2016

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

UWS17-TN, LLC

Signature _____

Requested by: BA

5/29/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

ARTICLES OF ORGANIZATION
FOR
UWS17-TN, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **UWS17-TN, LLC**

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ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **102 West Reynolds Street, Suite 201, Plant City, Florida 33563**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Steven L. Sparkman, 102 West Reynolds Street, Suite 201, Plant City, Florida 33563**

ARTICLE IV: MANAGER MANAGED LLC

This LLC shall be Manager Managed and is not member managed.

ARTICLE V: MANAGER

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

Steven L. Sparkman, Manager, 102 West Reynolds Street, Suite 201, Plant City, Florida 33563

The undersigned has executed these Articles of Organization for filing purposes this 31st day of May 2016.

"Your Capital Connection, Inc. by, Branden Allen, Client Representative"



Authorized Representative

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: **UWS17-TN, LLC**

2. The name and address of the registered agent and office is:

**STEVEN L. SPARKMAN
102 WEST REYNOLDS STREET, SUITE 201
PLANT CITY, FL 33563**

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.

Steven L. Sparkman

Signature of Registered Agent

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