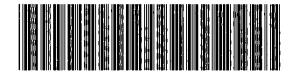
# 1600013822

(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	fress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900287431789

07/01/16--01006--026 \*\*125.00

JUL 1 MH 8: 18

[JUL] /3 2017 S. GILSERT **OVER LETTER** 

Do NIC SENO EIN

TO:

**Registration Section** 

**Division of Corporations** 

SUBJECT:	UNITED	STATES	J200 &	: KARATE	LLC.	21-	3054596
		Name of	Limited Liabil	ity Company	•	- <b>5</b> \ .	) ) · •••

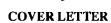
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRAD WY P. ANDERSON  Name of Person
Name of Person
United States Jude + Korate IIC
310 ALMOND ST. SUITE J. Address
Address
CLERMONT FLORIDA. 34711  City/State and Zip Code
/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRAD ANDERSON at (352) 432-2368  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address

#### Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

New Filing Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



TO: Registration Section Division of Corporations
SUBJECT: UNITED STATES JUDIE E KARATE 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:
BRADLEY P. ANDERSON Name of Person
United States Jule + Korate UC Firm Company
310 Almond Sor
Germont CC 34711
City/State and Zip Code  OY / 10 O O O O O O O O O O O O O O O O O O
For further information concerning this matter, please call:
BRADUM P. ANDERS. J at (352) 432-2368  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

### **Mailing Address**

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## **Street Address**

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•	
		1 AM 8: 18
		: 
vn Registered Agent. You		idual or
ed agent are:		
E REID		
Name		
OND ST. SO	VITE J.	
T, FL.	34711	
State	Zip	
oppointment as registered a relating to the proper and n as registe <del>red age</del> nt as p	gent and agree to act in t I complete performance of rovided for in Chapter 60	his capacity, 1 of my duties, and 1
(CONTINUED)		
	e, & Registered Agent's wn Registered Agent. You tion.)  red agent are:  Ress (P.O. Box NOT acceptions of process for the abortion as registered agent as pointment as registered agent as point as registered agent as registered agen	Registered Agent. You must designate an indivition.)  red agent are:  ERED  Name  Name  NOND ST. SUITE J.  ress (P.O. Box NOT acceptable)  State  Zip  rvice of process for the above stated limited liability population as registered agent and agree to act in the strelating to the proper and complete performance of as registered agent as provided for in Chapter 600 istered Agent's Signature (REQUIRED)  (CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR & L	JOHN B. VETTO DR.
	5730 CLESTVIEW DR. LADY LAKE, FL. 32159
AMBR	DANNIE R. REID 12530 Str JUAN LD
AMBR	ERIC B. RICHARD SON
4 00	CLERMONT FL. 34711
AMBR	BRADLEY P. ANDERSON  942 N. JACK'S LAKE RD  CLEMONT FL. 34711
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be speate of filing.)  If the date inserted in this block does not	of filing: (OPTIONAL)  ecific and cannot be more than five business days prior to or 90 days after  neet the applicable statutory filing requirements, this date will not be listed a
ICLE V: Effective date, if other than the date effective date is listed, the date must be speate of filing.)	of filing: (OPTIONAL)  ecific and cannot be more than five business days prior to or 90 days after  neet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the date effective date is listed, the date must be speate of filing.)  If the date inserted in this block does not no ocument's effective date on the Department of	of filing: (OPTIONAL)  ecific and cannot be more than five business days prior to or 90 days after  neet the applicable statutory filing requirements, this date will not be listed a

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)