

L16000173881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

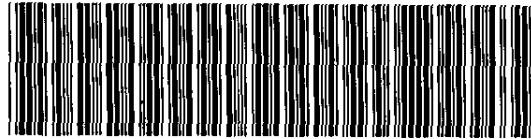
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

SEP 17 2015

T. SCOTT



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08/29/16--01024--018 \*\*70.00

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[www.unitedcountry.com](http://www.unitedcountry.com)

August 24, 2016

Attention: Tyrone Scott

Florida Department of State Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: United Country of the Treasure Coast, LLC

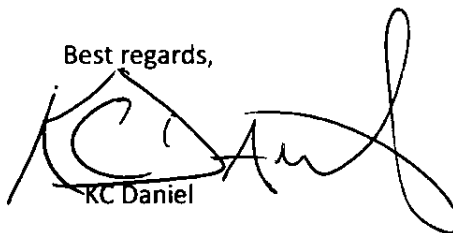
To whom it may concern:

The above reference LLC needs to be filed and sending balance of the \$70.00 to complete the filing fee and correct the name of the of the above reference LLC to "United Coast of the Treasure Coast, LLC"

Document Number	W16000052071
Filed Date	07/26/2016

Thank you for your time and attention to this matter.

Best regards,

  
KC Daniel

[www.UCTreasureCoast.com](http://www.UCTreasureCoast.com)

KC Daniel  
608 Colorado Ave.  
Stuart, FL 34994  
772.263.1565 Cell phone

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** United Country of the Treasure Coast, 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:

Karlin Daniel

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

608 Colorado Ave

\_\_\_\_\_  
Address

Stuart, FL 34994

\_\_\_\_\_  
City/State and Zip Code

kcdaniel@me.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karlin Daniel

772

2198108

at ( )

\_\_\_\_\_  
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



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

United Country of the Treasure Coast, 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:**

608 Colorado Ave  
Stuart, FL 34994

**Mailing Address:**

608 Colorado Ave  
Stuart, FL 34994

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:

Karlin Daniel

Name

608 Colorado Ave

Florida street address (P.O. Box **NOT** acceptable)

Stuart

FL

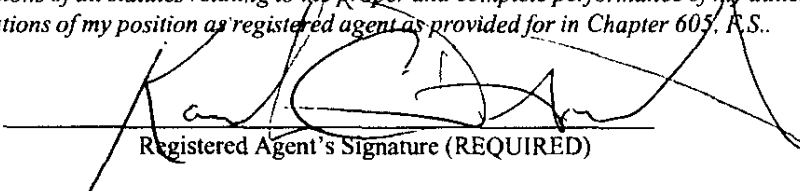
34994

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR Member

**Name and Address:**

Karlin Daniel

608 Colorado Ave

Stuart, FL 34994

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Karlin Daniel

Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)