

L16000/82/22

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.

((H16000243194 3)))



H160002431943ABC/

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
UNIVERSAL SUPPLY US LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
16 SEP 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

SEP 30 2016

DocuSign Envelope ID: 6D2CD357-9C57-40B3-A804-785FA208987D

H16000243194

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: UNIVERSAL SUPPLY US LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 7965 NW 64TH ST MIAMI FLORIDA 33166

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are:

Freddy Morales
19390 COLLINS AV #119 SUNY ISLES FL33160

FILED
16 SEP 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

MGM-AMBR FREDDY MORALES

AMBR ALICIA RUFINO

AMBR ELIO RODRIGUEZ

H16000243194

DocuSign Envelope ID: 6D2CD357-9C57-40B3-A604-785FA20B987D

H16000243194

Required Signatures:

DocuSigned by:
freddy Morales
CF001500411746C...

Signature of a member 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.

freddy Morales

Typed or printed name of signee

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..

DocuSigned by:
freddy Morales
CF001500411746C...

Registered Agent's Signature (REQUIRED)

FILED
16 SEP 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000243194