

L16000 186849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

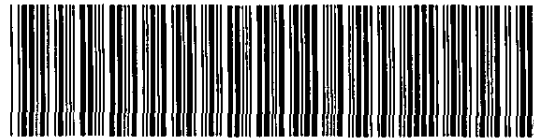
(Business Entity Name)

(Document Number)

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

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2016 OCT -7 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. SAMS

OCT 10 2016

**U-SMC/DESBUILD JV LLC  
324 EAST 3<sup>rd</sup> STREET  
JACKSONVILLE, FL 32206-5102**

October 4, 2016

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

RE: New Entity

To Whom It May Concern:

I have enclosed the following documents for forming a new limited liability company within the State of Florida.

1. Cover letter;
2. Original and one (1) copy of Articles of Organization for Florida Limited Liability Company; and
3. Check No. 10528 in the amount of One Hundred Twenty-Five Dollars (\$125.00).

Please review the enclosed documents carefully, after you have done so, it would be greatly appreciated if you would file said documents. When the documents have been filed and made a part of the Division of Corporate Records, please return a copy of them to our office. I have enclosed an envelope for your convenience.

Thank you for your assistance in this matter. Should you have any questions, please contact me.

Sincerely,



Victor R. Letourneaut  
Managing Member

VRL/asj  
Enclosure(s)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** U-SMC/Desbuild JV 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:

Ruth Sterling

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

Sterling & Company, P.C.

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

324 E Main Street

\_\_\_\_\_  
Address

Washington, IN 47501-2914

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

amanda@sterlingcpa.com

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

For further information concerning this matter, please call:

Ruth Sterling

812

254-1138 ext 112

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:

U-SMC/Desbuild JV 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:

324 East 3rd Street  
Jacksonville, FL 32206-5102

Mailing Address:

324 East 3rd Street  
Jacksonville, FL 32206-5102

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:

Victor Letourneaut  
Name

324 East 3rd Street  
Florida street address (P.O. Box **NOT** acceptable)

<u>Jacksonville</u>	<u>FL</u>	<u>32206-5102</u>
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)

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TALLAHASSEE, FLORIDA

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**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

**Name and Address:**

Victor Letourneau

324 East 3rd Street

Jacksonville, FL 32206-5102

Ananth Badrinath

4744 Baltimore Ave.

Hyattsville, MD 20781-2231

AMBR

(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.

Victor Letourneau

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)