L16000195265

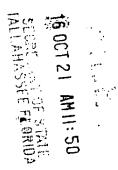
(Req	uestor's Name)
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	ame)
(Doc	ument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	

Office Use Only



300291024043

10/21/16--01009--017 **130.00



ne 10/25/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ultimate In Pact Alvertising 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:
John Drury Name of Person
Ultimate Inpact Advertising
420 Sevilla Orive Address
St. Augustine Florida 32086 City/State and Zip Code JTDFUTY 582 Yakoo. Com E-mail address: (to be used for fitture annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Druff at (904) 466-1648 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Satus Sample Satus Satus
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTIÇLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ultimake Influct Advert (Must end with the words "Limited Liability Company, "L.L.C.," or	18ing LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com-	
Principal Office Address: Ma	illing Address:
1/2. 6	

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:

Han Salville Orige

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

ST. Augustine Florida 32086

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 is registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	John Drury 420 Sevilla Oriva 57. Augustine Florida 32086
AMBR	STEVEN Paul Bishop 401 DAMENICO CITCLE ST. Augustine Florida 32086
	
(Use attachment if necessary)	
	eet the applicable statutory filing requirements, this date will not be listed as
ICLE VI. Other presidence if any	
ICLE VI: Other provisions, if any.	ership John Drury 9092.5
REQUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false	AMBR And BIShop 92.7. AMBR And Bishop 92.7. Amber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree	AMBR Drury 90 92.5 AMBR Drury 90 92.5 AMBR Drury 90 92.5 AMBR Drury 90 92.5 Amber or an authorized representative of a member. Drury 90 92.5 ed in accordance with section 605.0203 (1) (b), Florida Statutes.

ARTICLE IV-