L170000 21013

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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V HERRING JAN 2 7 2017

COVER LETTER

2.

Division of Corporations
SUBJECT: United Realty ORFL 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:
Name of Person
United Realty MTA LLC Film/Company
Fifm/Company
1801 NW US HIGHWAY 19
♥ Address
Crystal River, FL 34428
City/State and Zip Code duc Harme @ united realty mta.com B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$
Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDALI	MITED LIABILITY COMPANY F	ILEO
ARTICLE I - Name: The name of the Limited Liability Company is:	2017 JAN 2	6 PM 1:34
(Must end with the words "Limited Liability Co	URFL INCI AHAS	SEE FLORIDA
ARTICLE 11 - Address: The mailing address and street address of the principal office of the i	,	
Principal Office Address:	Mailing Address:	
CRYSTAL RIVER FL, 34438	P.O Dex 5177	}
ARTICLE III - Registered Agent. Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		al or

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 vertificate. 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..

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

(CONTINUED)

Melinta Bresnahan)
Registered Agent's Signature (REQUIRED)

Melinda Dresnahand

1901 NW US Highway 19 suck 315
Florida street address (P.O. Box NOT acceptable)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address: 2017 JAN 26 PM 1: 34
"MGR" = Manager A M B R	THO MAS AHLOPTAHASSEE, FLORIDA
MGR	Mesa Hy 85203 Francis Oucharme 1314 North Britiany La
	(TIL MONT, 14), 85 & 33
(Use attachment if necessary)	
LE V: Effective date, if other than the date ffective date is listed, the date must be speed of filing.) If the date inserted in this block does not me.	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date ffective date is listed, the date must be speed of filing.) If the date inserted in this block does not mument's effective date on the Department of	ecific and cannot be more than five basiness days prior to or 90 day
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LE V: Effective date, if other than the date ffective date is listed, the date must be spece of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five basiness days prior to or 90 day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)