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.

(((H17000159212 3)))



H170001592123ABC

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 : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

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

:mail	Address:			

FLORIDA LIMITED LIABILITY CO. **UTA CONCIERGE LLC**

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

T BURCH

JUN 1 5 2017

Electronic Filing Menu Corporate Filing Menu

Help

H17000159212

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability ("LLC," or "LLC.")	Company,		
UTA Concierge LLC	本 的	17 JUN 14	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li Company is: 10280 NW 63rd Ter APT 201		PM 2: 11	LED
Dorol FL 33178			

ARTICLE III - Registered Agent, Registered Office:

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

Fobian	Urbina		T -	Oct	201
10280	NW	63	ier	HAI	ZUI
Dora	L FL	3	3178	·	

ARTICLE IV-

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

Ano Moria Urbina - AMBR Fabian Mauricio Urbina - AMBR Juan Felipe Agudelo - AMBR

Page 1 of 2

H17000159212

Required Signatures:

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.

Fabian Urbina

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 inities, 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)