

L19 000 134 703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

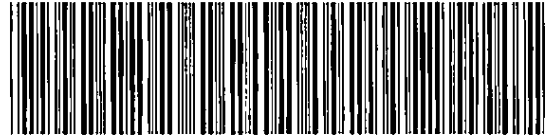
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/19--01035--017 **125.00

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19 MAY 29 PM 2:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2019 MAY 29 PM 3:06

D O'KEEFE
MAY 29 2019

TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Universal Auto Gallery, 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:

Jamie Navia-Guzman Jr.

Name of Person

Firm/Company

7960 West Gulf to Lake Hwy STE 3

Address

Crystal River, FL 34429

City/State and Zip Code

jnaviajr@gmail.com

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

For further information concerning this matter, please call:

Jamie Navia-Guzman Jr.	929	888-0330
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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:

Universal Auto Gallery, LLC

(Must contain 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:

7960 West Gulf to Lake Hwy

STE 3

Crystal River, FL 34429

Mailing Address:

7960 West Gulf to Lake Hwy

STE 3

Crystal River, FL 34429

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:

Jamie Navia-Guzman Jr.

Name

7960 West Gulf to Lake Hwy STE 3

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

Crystal River

FL

34429

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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ADAMS COUNTY, FLORIDA

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:

Jamie Navia-Guzman Jr.

7960 West Gulf to Lake Hwy STE 3

Crystal River, FL 34429

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/27/2019. (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.

Jamie Navia-Guzman Jr.

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)

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2018 MAY 29 PM 3:06
CLERK OF THE COURT
JANUARY 2019