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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097

Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address: Nolankomnick@gmail.com

# FLORIDA LIMITED LIABILITY CO.

### **Utopia Rising LLC**

Certificate of Status	1
Certified Copy	0
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# **COVER LETTER**

Saturday, October 12, 2019

To: New Filing Section
Division of Corporation

# Subject: Utopia Rising 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:

Kalpesh J. Patel, Esq. FL Patel Law PLLC 360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

#### ARTICLES OF ORGANIZATION

#### **FOR**

#### Utopia Rising LLC

A

## Florida Limited Liability Company

#### **ARTICLE 1**

#### Name

The name of the Limited Liability Company is: Utopia Rising LLC (the Company).

#### **ARTICLE II**

#### Address

The mailing address and street address of the principal office of the Company is

4604 49th Street N Suite 1086 St. Petersburg, Florida 33709

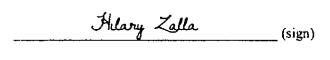
#### ARTICLE III

#### Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue, Suite 800 St. Petersburg, Florida 33701

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..



(CONTINUED)

Page 2 of 3

## ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address	
AMBR = Authorized Member MGR = Manager		
MGR	Nolan Komnick 4604 49th Street N Suite 1086, Florida 33709	
MGR	Gary Cousins 4604 49th Street N Suite 1086, Florida 33709	
MGR	Alexandra Cousins 4604 49th Street N Suite 1086, Florida 33709	
	ARTICLE IV:	

	The Effective date shall be the o	late of filing.
	N-1	(sign)
This docum	nature of a member or an authorized reprient is executed in accordance with section 6 that any false information submitted in a docconstitutes a third degree felony as provided	05.0203 (1) (b), Florida Statute cument to the Department of Sta
	Nolan Komnick	
	Authorized Representative	/Member