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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : FL PATEL LAW PLLC
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****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
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OCT 17 2019



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
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 I

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..

Hilary Zalla

(sign)

(CONTINUED)

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FLORIDA

ARTICLE IV:


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

<u>Title</u>	<u>Name and Address</u>
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

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CITY OF
TALLAHASSEE
FLORIDA

ARTICLE IV:

The Effective date shall be the date of filing.

 (sign)

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.

Nolan Komnick
Authorized Representative/Member