

L19 000278500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/19--01007--027 **160.00

J. FASON
NOV 22 2019

FILED
2019 OCT 31 AM 5:43
SECRETARY OF STATE
TALLAHASSEE, FL



1368 NE Post Road
Madison, FL 32340
(850) 464-4430
mcurtis@curtismedia.org

Michael Curtis
1368 NE Post Road
Madison, FL 32340

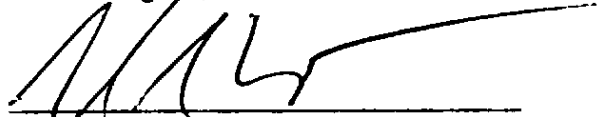
Sunbiz
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32340

RE: Permission for name use: United Prevention Corporation, N13000008943

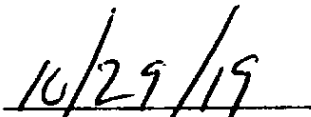
Per conversation with your organization, please allow this letter to give permission to establish United Prevention, LLC, which would be using the same name as noted in the reference line above. As your representative noted, since United Prevention Corporation was a non-profit, it must maintain its name and in order to establish United Prevention, LLC, thereby effectively using the same name, then this letter would be required along with the enclosed documents and payment.

Thank you so much for your expeditious efforts; we really appreciate your time!

Thanks again,



Michael Curtis



Date

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

United Prevention, 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:

Michael Curtis

Name of Person

Firm/Company

1368 NE Post Road

Address

Madison FL 32340

City/State and Zip Code

mc Curtis @ curtismedia.org

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

For further information concerning this matter, please call:

Michael Curtis

at

850

464-4430

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy

(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy

(additional copy is enclosed)

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:

United Prevention, 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:

1368 NE Post Road
Madison, FL 32340

Mailing Address:

1368 NE Post Road
Madison, FL 32340

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:

Michael Curtis

Name

1368 NE Post Road

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

Madison FL 32340

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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Michael Curtis
1368 NE Post Road
Madison, FL 32340

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

January 1, 2020 (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.

Please see enclosed letter giving name permission

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.

Michael Curtis

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)