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Special Instructions to	Filing Officer:	
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Office Use Only



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#### **COVER LETTER**

Division of Co			•
SUBJECT:	UGENIX LL	C	
SUBJECT:	UGENIX LL Name of Lim	ited Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Jenni	Her J. Urmaza	
		Name of Person	
	UGEN	ix LLC	
		Firm/Company	-
	1065 NE	107 H ST. 17	
		Address	
	MI	ty/State and Zip Code  aza 6. yahao. com  for future annual report notificati	
	Ci	ty/State and Zip Code	
,	Jenus Valus	azalo yahov. com	an)
	E-mail address: (to be used	for future annual report northead	Oil)
For further information c	oncerning this matter, please	call:	
Jennifer.	J. urmaza at (	305 409-944  Ca Code Daytime Telephon	4
Na	ne of Person Ar	ea Code Daytime Telephon	e 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)
Mail	ing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	1000 (00 1 45000076
<u>CEO PRENDENT</u>	Jenni fer J. WMizac 1065 NE 10719 ST. MIGNI, FC 33161
	MIUNI, FC 33/6/
VP of operations	Kim Nicob J. womaza
<del>, , o, -, -, -</del>	Kim Nicok J. urmaza 1065. NE 107111 St. May Fr 33161
<del></del>	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be spe date of filing.)	neet the applicable statutory filing requirements, this date will not be listed a
ETICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.)  ote: If the date inserted in this block does not a	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
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RTICLE V: Effective date, if other than the date an effective date is listed, the date must be speciate of filing.)  ote: If the date inserted in this block does not redocument's effective date on the Department effective date on the Department effective date.  REQUIRED SIGNATURE:  Signature of a metal triangle of the document is executed any false.	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be specification date of filing.)  Out: If the date inserted in this block does not reduce document's effective date on the Department effective date effe	meet the applicable statutory filing requirements, this date will not be listed a of State's records.  The property of an authorized representative of a member. The property of a member of State in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	ontain the words "Limited Liability	
	t address of the principal office of	he Limited Liability Company is:
Princ	cipal Office Address:	Mailing Address:
1065 NE 10	71/1 ST. 33/61	1065 NE 10711, St.
Macini El	39161	Mioni , FL. 33161
ARTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & Region cannot serve as its own Register active Florida registration.)  The test address of the registered agent a	red Agent. You must designate an individual or
ARTICLE III - Registered A (The Limited Liability Companother business entity with a	Agent, Registered Office, & Regional cannot serve as its own Register active Florida registration.)  The address of the registered agent a serve for for the registered agent and for the registered agent age	red Agent. You must designate an individual or re:  J. USMGZA
ARTICLE III - Registered A (The Limited Liability Companother business entity with a	Agent, Registered Office, & Region cannot serve as its own Register active Florida registration.)  The test address of the registered agent a	red Agent. You must designate an individual or re:  J. USMGZA
ARTICLE III - Registered A (The Limited Liability Companother business entity with a	Agent, Registered Office, & Registerny cannot serve as its own Registern active Florida registered agent a set address of the registered agent and the registered agent a	red Agent. You must designate an individual or re:  J. its M47a.  30x NOT acceptable)
ARTICLE III - Registered A (The Limited Liability Companother business entity with a	Agent, Registered Office, & Registerny cannot serve as its own Registern active Florida registered agent a set address of the registered agent and the registered agent a	red Agent. You must designate an individual or re:

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#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: UGenix LLC
SUBJECT: VICIENTX 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:
Jennifer J. urmaza Name of Person
Name of Person
UGenix LLC Firm/Company
Firm/Company
1065 NE 107 H ST. 17 Address
Address
Micnu, FL. 33/6/ City/State and Zip Code  Lenumaza (e. yahar. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
I mail address: (to be used for future appeal proper patification)
For further information concerning this matter, please call:
Jenni fer J. urmuzu at (305) 409-9444  Name of Person Area Code Davime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager CEO/PREVDENT	Jenni fer J. Luringizac 1005 ME 10719 ST. MIUNI, FC 33161
VP of operations	Kim Nicok J. Wimaza 1065 NE 10711 St. Michy, Fr. 3516)
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be specified at each of filing.)	e of filing:
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be state 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
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be specified the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
	UGENIX L	LC		
(Must cont	ain the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a				
<u>Princip</u>	al Office Address:		Mailing Add	ress:
1065 NE 1071	— 1, st.	/	065 NE 1071/1	ړ≠
Micni, FL.	1 ST. 39161		Moni, FL. 3316	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	active Florida registration.)  address of the registered age  Sense for the registered age  Sense for the registered age  Sense for the registered age  Florida street address (P	ent are:  ame  107 fl 8	70u must designate an in 742 ceeptable)	dividual or
	moni	FL	3316/ Zip	
	City	State	Zip	
Having been named as registered clace designated in this certificate in the cartificate in the agree to comply with the pain familiar with and accept the or	, I hereby accept the appoint rovisions of all statutes relat bligations of my position as r	tment as register ing to the proper registered agent (	ed agent and agree to act and complete performar	rin inis capacity. 1 nce of my duties, and l or 605, F.S

(CONTINUED)