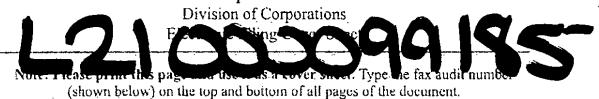
Florida Department of State



(((H21000094968 3)))



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Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email	Address:		
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## FLORIDA LIMITED LIABILITY CO. ULTRALEVEL BUILDERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

:17

Electronic Filing Menu Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	UltraLevel Bui	ilders, LLC	
(Must end )	with the words "Limited Liz	ability Compar	ny. "L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street ac	ldress of the principal offic	e of the Limite	ed Liability Company is:
<u>Princip</u> :	l Office Address:		Mailing Address:
mmn4	a : 102	<b>6</b> 7	000 1101 0 - 0 - 101
8200 - 113th Street.	Stiffe 105.	8.2	200 - 113th Street, Suite 103
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt. Registered Office, & I cannot serve as its own Re- ctive Florida registration.)	Se Registered Ag gistered Agent	eminole, FL 33772
RTICLE III - Registered Age The Limited Liability Company	nt. Registered Office, & I cannot serve as its own Recive Florida registration.)	Registered Ag gistered Agent ent are:	eminole, FL 33772 ent's Signature:
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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.

Kegispereo Agent's Signature (Ke

(CONTINUED)

Page 1 of 2



From: Yanet Avila

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 	11.7	. F.	

The name and address of each	person authorized to a	nanage and control the	c Limited Liability	Company:

2021-03-09 14:51:48 GMT

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Jordan Ross 12901 McGregor Blvd Fort Nivers, FL 33919
AMBR	Level Up Holdings, LLC 8200 - 113th Street, Suite 103 Seminole, FL 33772
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be specthe date of filing.)	filling:
REQUIRED SIGNATURE:	S
This document is executed I am aware that any false i	ther or an authorized representative of a member's d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in \$.817.155, F.S.
	Steve Ross
······································	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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