

5/19/2021

Division of Corporations

H21000200151 3

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : UNITED AGENT SERVICES LLC
 Account Number : I20210000087
 Phone : (866)246-2669
 Fax Number : (520)333-2793

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

Email Address: filings@unitedagentservices.com

FILED
 21 MAY 19 PM 7:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2021 MAY 19 AM 10:10

FLORIDA LIMITED LIABILITY CO.
Webase LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Â Company Name:Â Webase LLC

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TALLAHASSEE, FL 09104

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Webase LLC

(Must end with 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:

2234 North Federal Hwy # 1421 Boca
Raton FL 33431

Mailing Address:

2234 North Federal Hwy # 1421 Boca
Raton FL 33431

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.)

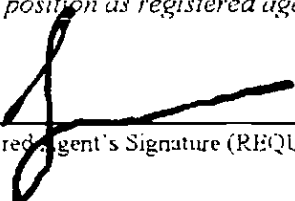
The name and the Florida street address of the registered agent are:

United Agent Services LLC
Name

9100 Conroy Windermere Rd #200-UAS
Florida street address (P.O. Box **NOT** acceptable)

Windermere FL 34786
City, State, and 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 608, F.S.


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
AMBR

Name and Address:

Sidant Soni
2234 North Federal Hwy # 1421 Boca Raton FL 33431

(Use attachment if necessary)

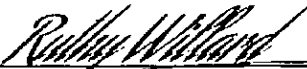
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Ruthy Willard

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA

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