Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000036046 3)))



H230000360463ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From;

œ

6.5

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. **USCILLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Help

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMTANY

ЛRT	TĈLE	Į.	N.	me:
-----	------	----	----	-----

The name of the Limited Liability Company is:

USCILLO

(Musi contain the words "Limited Liability Company, "L U.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:

Mailing Address:

100) 5 BRIDGETON DRIVE TAMPA, FL 33626

10015 BRIDGETON DRIVE

TAMPA, FL 33626

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:

LUIS F ROSALES

5931 NW 173 DR SUTTE 9

Florida street address (P.O. Box NOT ecceptable)

MIAMI City FL

Zip

State

Having bean 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 enpurity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and I am familian with and accept the abligations of my position as regardered agent as provided for in Chapter 805, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

图片

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
MGR	PABLO TONDREAU HEUSSER 100:5 BRIDGETON DRIVE TAMPA, FL 33626
iik.	
Use atmohinent if necessary)	
filling.)	of filling: (OPTIONAL) fille and cannot be more than five business days prior to or 90 of the supplicable statutory filling requirements, this date will not 6 Sate's records

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. 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 Stat: constitutes a third degree fellows as provided for in 1,817,155, F.S.

Typed or printed name of signes.

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

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)