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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| ertified Copies         | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    | <del></del> |
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| I            |    |  | WALK IN                        | ſ                                     |   |
|--------------|----|--|--------------------------------|---------------------------------------|---|
|              |    | I                                      | PICK UP: Cat 6/19              |                                       |   |
| X            | ΧX | CERTIFIED COPY                         |                                |                                       | - |
| X            | XX | CUS                                    | GS                             |                                       | - |
| X            | X  | FILING                                 | LLC                            |                                       | - |
| 1.           |    | UNIVERSAL STRA<br>CORPORATE NAME AND E | TEGIES & CONSULTING OCUMENT #) | IG, LLC                               |   |
| 2.           | (  | CORPORATE NAME AND E                   | OCUMENT #)                     |                                       |   |
| 3.           | (  | CORPORATE NAME AND D                   | OCUMENT #)                     |                                       |   |
| 4.           | (  | CORPORATE NAME AND D                   | OCUMENT #)                     | · · · · · · · · · · · · · · · · · · · |   |
| 5.           |    | CORPORATE NAME AND D                   | OCUMENT #)                     |                                       |   |
| 6.           |    | CORPORATE NAME AND D                   | OCUMENT #)                     |                                       |   |
| SPEC<br>INST |    | TIONS:                                 |                                |                                       |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| Voiversal Strategies & (Must contain the words "Limited Liability  | Consulting LLC Company, "L.L.C.," or "LLC.")                              |
| ARTICLE II - Address: The mailing address and street address of the principal office of t  | he Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 4978 N Citation Or  APTION  Delray Beach, F1 33445   | 4978 N Citation Dr<br>Apt 101<br>Delmy Brach, F1 33445                    |
| ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent ar | tered Agent's Signature:<br>ed Agent. You must designate an individual or |
| Christopher Name   |   |
| Florida street address (P.O. B   |   |
| Oct Tay Beach E  | 1 33445<br>te Zip   |
| laving been named as registered agent and to accept service of pro-<br>lace designated in this certificate, I hereby accept the appointment  |   |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TALLAIN SEE TATE

| (Use attachment if necessary)  Lev: Effective date, if other than the date of filing:  | e attachment if necessary)  Effective date, if other than the date of filing:  e date is listed, the date must be specific and cannot be more than five business days prior to or sing.)  date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.  E. Other provisions, if any.  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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.  Christopher Juckson  Typed by printed name of signce  Filing Fees:  25.00 Filing Fee for Articles of Organization and Designation of Registered Agent                                      | <u>[itle:</u><br>AMBR" = Authorized Member   | Name and Address:  |
|--|--|--|--|
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  | e attachment if necessary)  Effective date, if other than the date of filing:  e date is listed, the date must be specific and cannot be more than five business days prior to or sing.)  date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.  Cher provisions, if any.  DUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.  Typed by printed name of signee  Filing Fees:  25.00 Filing Fee for Articles of Organization and Designation of Registered Agent  30.00 Certified Copy (Optional)          |  |  |
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ARTICLE IV-