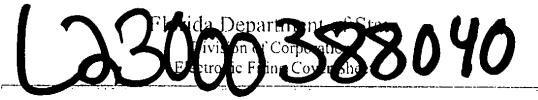
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Division of Corporations



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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. UNIVERSAL DIVISION LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIVERSAL DIVISION LLC

(Must contain the words "Limited Liability Company, "L.L.C.," of "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:
6515 W 24 AVE	
APT 206	SAME
HIALEAH, FL 33016	

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:

	Name	
6515 W 24 AVE A	PT 206	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	(ceptable)
HIALEAH	FL	33016
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piace 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..



(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address;
AMBR	ADRIAN RABAGO IGLESIAS 6515 W 24 AVE APT 206 HIALEAH, FL 33016
AMBR	SANDRA S MILAN MORENO 6515 W 24 AVE APT 206 HIALEAH, FL 33016
(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date must	e date of filing:
of filing.)	·
	s not meet the applicable statutory filing requirements, this date will not be lis
ument's effective date on the Depur	mient of State 3 records.
LE VI: Other provisions, if any.	
_ .	

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 \$.817.155, F.S.

ADRIAN RABAGO IGLESIAS

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)