L23000483389

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(Address)	
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(Business Entity Name)	
(Document Number)	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

UNIVERSALSAFE LLC

Please Debit FCA00000003 For: 130

Thank you Seth Neeley

×	A
Signature	

Requested by: SETH

Name

Time

Date

Annual Report / Reinstatement_____ Cert. Copy_____ Photo Copy____ Certificate of Good Standing_____ Certificate of Status_____ Certificate of Fictitious Name_____ Corp Record Search____ Officer Search Fictitious Search Fictitious Owner Search Vehicle Search____ Driving Record_____ ----UCC 1 or 3 File_____ UCC 11 Search UCC 11 Retrieval_

Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____

L.C. File_____

Merger File_____

Fictitious Name File______
Trade/Service Mark_____

Art. of Amend. File_____ RA Resignation_____ Dissolution / Withdrawal_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIVERSALSAFE LLC

(Must contain 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:

6771 SW 55TH ST
MIAMI FL. 33155

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:

DIEGO DOS SANTOS LARA

Name

6<u>771 SW 55TH ST</u> Florida street address (P.O. Box <u>NOT</u> acceptable)

MIAMI 33155 Zip City State

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..

gistered Agent's Signature (REQUIRED) (CONTINUED)

All 11 3

ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

MGR	DIEGO DOS SANTOS LARA 6771 SW 55TH ST MIAMI FL, 33155
MGR	ANA LAURA DOS SANTOS LARA 6771 SW 55TH ST MIAMI FL. 33155

(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.

	/
	/ /
<u>REOUIRED</u>	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.
	DIEGO DOS SANTOS LARA

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