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M. THOMAS

AUG 17 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		N & CONSULTING SER	VICES LLC		
	Na	me of Limited Liability Company			
			ransact Business in Florida," Certificate of ity company to transact business in Florida		
Please return all	correspondence concerning this m	atter to the following:			
		JUSTIN SMILEN			
		Name of Person			
UACS					
	Firm/Company				
1100 SCOTIA DRIVE #104					
		Address	TALE DOS T		
	Address HYPOLUXO/FL 33462 City/State and Zip Code JJSMILEN@AIM.COM E-mail address: (to be used for future annual report notification) Eor further information concerning this matter, please cell:				
		City/State and Zip Code	IS 14 PH		
		JJSMILEN@AIM.COM	EPFS F		
	E-mail address: (to be used for future annual report not	ification)		
For further info	rmation concerning this matter, plea	ase call:	OF A		
	JUSTIN SMILEN	at (561)	716-5146		
	Name of Person	Area Code & Daytime Telephon	ie Number		
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a	check for the following amou	int:			
\$ 12	5.00 Filing Fee \$130.00 Filin Certificate		\$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDENS. IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:						
1. UNITED ARBITRATION & CONSULTING SERVICES LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")						
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written is name and the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")					
2	DELAWARE 3 27-0629588					
Ž. (DELAWARE 3. 27-0629588 [Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)					
4	JULY 24, 2009 5 PERPETUAL					
7.	JULY 24, 2009 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.						
0.	6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	1200 SCOTIA DRIVE #401 = 50 = 70					
	HYPOLUXO, FL 33462					
	(Street Address of Principal Office)					
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:					
9.	9. The name and usual business addresses of the managing members or managers are as follows					
LINDA BARRATT 1200 SCOTIA DRIVE #401, HYPOLUXO, FL 33462						
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)						
11	. Nature of business or purposes to be conducted or promoted in Florida: DEBT SETTLEMENT &					
CONSULTING						
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes						
	an affirmation under the penaltics of perjury that the facts stated herein are true.)					
JUSTIN SMILEN						
	Typed or printed name of signee					

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	4
UNITED ARBITRATION & CONSULTING SER	NVICES JLLC
If unavailable, the alternate to be used in the state of Florida is:	,
2. The name and the Florida street address of the registered agent and office	ce are:
LINDA BARRATT	
(Name)	
1200 SCOTIA DRIVE #401	TALCARIT
Florida Street Address (P.O. Box NOT ACCEPTABLE)	Aug Echic
HYPOLUXO/ FL / 33462	102
City/State/Zip	THE PER C
Having been named as registered agent and to accept service of process for to liability company at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply with the proceeding to the proper and complete performance of my duties, and I am family obligations of my position as registered agent as provided for in Chapter 608, Signature)	ne appointment as registered ovisions of all statutes liar with and accept the

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UNITED ARBITRATION & CONSULTING

SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO

FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF

AUGUST, A.D. 2009.

4714542 8300

090757101

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 7459223

DATE: 08-05-09

You may verify this certificate online at corp.delaware.gov/authver.shtml