# M10000000000000584

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W1-25285

Office Use Only



900181176729

900181176729 05/21/10-01031-002 \*\*160.00



D. BRUCE
JUN 11 2010
EXAMINER

#### **COVER LETTER**

Division of Corporations
SUBJECT: MY UPPM LLC  Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Hector Arencibia
Name of Person
MY UPPM L.L.C.
Firm/Company
1200 BRICKEN AUE # SUITE 1980
Address
miami, FL 33131
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
75 -4
For further information concerning this matter, please call:
Hector Avencibia # (305) 586.0523
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2010

HECTOR ARENCIBIA 1200 BRICKELL AVE, SUITE 1950 MIAMI, FL 33131

SUBJECT: MY UPPM LLC Ref. Number: W10000025285

We have received your document for MY UPPM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 010A00013107



## 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 BUSINESS IN THE STATE OF FLORIDA:

1. MY UPPM L. L. C.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. 1/12/2010  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
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 Brickell AUE #1950
miami, FL 33131 Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
1200 Brickell Ave # 1950
miami, FL 33131
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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate &
Property management.
Hector all
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 penalties of perjury that the facts stated herein are true.)

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:
MY UPPM L.L.C.
If unavailable, the alternate to be used in the state of Florida is:
Urban Professional Property Management L.L.C
2. The name and the Florida street address of the registered agent and office are:
Smart Space (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
miami FL 33131 SAR OF TOTAL City/State/Zip
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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

**Certificate of Status (optional)** 

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

## Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "MYUPPM 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 TWELFTH DAY OF MAY, A.D. 2010.

4775946 8300

100496588

Jeffrey W. Bullock, Secretary of State **AUTHENT** CATION: 7987838

DATE: 05-12-10

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