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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: etc@licensesetc.com

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TALLAHASSEE, FLORIDA

2014 FEB -7 AM 9:30

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
UCMS, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UCMS, 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:

Lisa Adams

Name of Person

Licenses, Etc. Inc.

Firm/Company

886 110th Ave. N. #6

Address

Naples, FL 34108

City/State and Zip Code

etc@licensesetc.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call.

Lisa Adams

Name of Contact Person

239

Area Code

777-8321

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, 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 amount:

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. UCMS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

UCMS Team, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Texas 3. 80-0836587
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)


4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 31900 RR 12
Dripping Springs, TX 78620
(Street Address of Principal Office)

6. 900 RR 620 S C101-243
Lakeway, TX 78734
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Nicole Kinsworthy, CEO
900 RR 620 S C101-243
Lakeway, TX 78734

8. 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)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Nicole L Kinsworthy Nicole Kinsworthy, CEO
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

UCMS, LLC

If unavailable, the alternate to be used in the state of Florida is:

UCMS Team, LLC

2. The name and the Florida street address of the registered agent and office are:

Licenses, Etc., Inc.

(Name)

886 110th Ave. N. #6

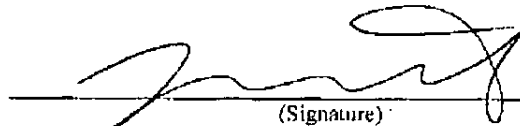
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Naples

FL 34108

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 605, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Nandita Berry
Secretary of State

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Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for UCMS LLC (file number 801625730), a Domestic Limited Liability Company (LLC), was filed in this office on July 16, 2012.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: July 17, 2012

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 06, 2014.



NANDITA BERRY

Nandita Berry
Secretary of State

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