(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: CRTJ. WIT-20822 TITIES HIBLIT TITE PER Kristine Bruck In

Office Use Only



000296252330

03/13/17--01037--016 **160.00

S Warren

MAY - 2 2017

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate c check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please return a	ll correspondence concerning this matter to the following:
	KRISTINE COLLEEN BRUCE
	Name of Person
	UBKB LLC
	Firm/Company
	204 37th Ave N Suite 325
	Address
	St Petersburg, FL 33704
	City/State and Zip Code
	kridder33@gmail.com
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
KRIS	TINE COLLEEN BRUCE 417 861-5636
	Name of Contact Person Area Code Daytime Telephone Number
Divisi Regist P.O. E	LING ADDRESS: STREET ADDRESS: Division of Corporations tration Section Box 6327 Clifton Building assee, FL 32314 C261 Executive Center Circle Tallahassee, FL 32301
	heck for the following amount: 25.00 Filing Fee

Re: UBKB, LLC

To Whom It May Concern:

According to UBKB, LLC Limited Liability Company Agreement, the members of UBKB, LLC, are as follows:

Kristine Colleen Bruce

The authority, rights and duties of the members are set forth in the Company's Limited Liability Company Agreement.

Furthermore, LegalZoom resigns as organizer for the Company effective upon the date of this letter.

Yours sincerely,

LegalZoom.com, Inc.

Cheyenne Moseley

Authorized Representative

Agreed to on:

By:

Name:

KRISTINE BRUCE

"Representative"

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

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

(If name unavailable, enter a	ternate name adopted for the no	rnose of transaction b	usiness in Florida. The alternate nan	sa must ingluda 6	Limited	
Liability Company," "L.L.C,	or "LLC.")	ipose or transacting of	usiness in Piorida. The atternate nam	ie must include	Limned	
2. DELAWARE		3. 81-5323				
(Jurisdiction under the law company is organized)	of which foreign limited liabilit	у	(FEI number, if applicable)			
4.						•
	(Date first transacted by (See sections 605.0904 &	usiness in Florida, if p 605.0905, F.S. to dete	rior to registration.)	三部二	ì	•
5. 204 37th Ave N Suite		•		三 医结		
St Petersburg, FL 3370	и			ASS	<u> </u>	
Streteisburg, t E 5570		s of Principal Office)			1 [7]	
6. 204 37th Ave N Suite 3	25	,		FES 3		
St Petersburg, FL 3370	4			PH 2: LL OF STATE OF LORID,		
		ling Address)		- >m •		
7 Name and street addres	s of Florida registered agent:	· (P.O. Box. NOT a	ccentable)			
	KRISTINE COLLEEN BR	· · · · · · · · · · · · · · · · · · ·	ocepiusie)			
Name:	204 37th Ave N Suite 325					
Office Address:			 -			
	St Petersburg		33704			
			, Fiorida	-		
	(City		, Florida (Zip code)	••		
designated in this applica to complywith the provisi	tance: gistered ugent and to accept tion, I hereby accept the app ons of all statutes relative to my position as registered aye	service of process f pointment as registe the proper and com	, Florida (Zip code) for the above stated limited liabi red agent and agree to act in the splete performance of my duties	is capacity. If	urther aş	ree
Having been named as re designated in this applica to complywith the provisi accept the obligations of i	tance: gistered ugent and to accept tion, I hereby accept the app ons of all statutes relative to my position as registered aye	service of process foointment as registe the proper and coment.	, Florida (Zip code) for the above stated limited liabi red agent and agree to act in thi uplete performance of my duties aurc)	is capacity. If	urther aş	ree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the control of the c	tance: gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to my position as registered age (Re	service of process foointment as registe the proper and coment.	, Florida (Zip code) for the above stated limited liabi red agent and agree to act in thi uplete performance of my duties aurc)	is capacity. If	urther aş	ree
Having been named as re designated in this applica to complywith the provisi accept the obligations of i	(City tance: gistered agent and to accept tion, I hereby accept the appons of all statutes relative to my position as registered agencity and address of the personal RUCE - CEO	service of process foointment as registe the proper and coment.	, Florida (Zip code) for the above stated limited liabi red agent and agree to act in thi uplete performance of my duties aurc)	is capacity. If	urther aş	ree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same, title or capa KRISTINE COLLEEN B	(City tance: gistered agent and to accept tion, I hereby accept the appons of all statutes relative to my position as registered agencity and address of the personal RUCE - CEO	service of process foointment as registe the proper and coment.	, Florida (Zip code) for the above stated limited liabi red agent and agree to act in thi uplete performance of my duties aurc)	is capacity. If	urther aş	ree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of a secret the obligations of the secret the obligations of the secret the obligations of a secret the obligations of the secret the obligations of the secret t	city and address of the person of existence, no more than 9 of which it is organized. (If the laborated and the laborated)	egistered agent's signation(s) who has/have a	(Zip code) (Zip code) (Or the above stated limited liabic red agent and agree to act in the aplete performance of my duties aturc) aturc) authority to manage is/are: henticated by the official having foreign language, a translation o	is capacity. If	orther ag	gree h and

Typed or printed name of signee

KRISTINE COLLEEN BRUCE

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UBKB, 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 FOURTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UBKB, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, 'A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6310901 8300

SR# 20172517584

Authentication: 202379142

Date: 04-14-17