11000010330

(Re	questor's Name)	
(ite	questor s mame,	
	dress)	
(//u	uie33)	
	dress)	
(Ad	aless)	
(0):	- /Ct-t- (7:- (7t	40
(CII	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	rining Onicer.	

Office Use Only



200306230922

12/08/17--01022--009 **160.00

71 PEC -5 P 3: 31

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UEM, 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:
Rebecca Crandall Name of Person
McAuley and Crandall, PA Firm/Company
7200 W 132 nel St., Suite 160 Address
Overland Park, KS 66213 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebeccu Crandall at (913) 239-9130 Name of Contact Person Area Code 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 Circles Tallahassee, FL 32301
Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy

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:

i name unavailable, enter atternate nam	ne adopted for the purpose of transacting business i		
Kansas	ch foreign limited liability company is organized)	3. 20-37279	44
(Antisox and miner are law of with	cu totelga tamated tmotally company is organized)	(15:	numeer, it applicanie)
1 1 3018	(Date first transacted business in Florida, if pri	or to registration.)	
5 5 6 C	(See sections 605,0904 & 605,0905, F.S. to de	etermine penalty liability)	<i>(</i> ')
(Street Address of Pri	ncipal Office)	6. 2858 AV.	amar Circle
Nuples, FL	34114	Naples, FL	34114
Name and street address	of Florida registered agent: (P.O. 1	Box NOT acceptable)	
Name;	Ronald Ragan		
Office Address:		Suche	
Office Address.			
	- Vaples	, Florida 341	n code)
, -	(Paring day		
•	city and address of the person(s) who	· · · · · · · · · · · · · · · · · · ·	
The name, title or capac Title or Capacity:		•	re: Name and Address:
•	ity and address of the person(s) who Name and Address: Ronal d Ragan	o has/have authority to manage is/a	
Title or Capacity:	ity and address of the person(s) who Name and Address: Ronal d Ragan	o has/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address:
Title or Capacity:	ity and address of the person(s) who Name and Address: Ronal A Ragan	o has/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address:
Title or Capacity:	ity and address of the person(s) who Name and Address: Ronal A Ragan	o has/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address:
Title or Capacity:	Acrald Ragan ASS Avamer C Naples FL 3411	o has/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address:
Title or Capacity: Owner	Acrald Ragan ASS Aviamer C Naples FL 3411	o has/have authority to manage is/a Title or Capacity:	Name and Address:
Title or Capacity: Owner Jse attachments if necessar	Acral address of the person(s) who Name and Address: Ronal a Ragan ASSS Aviance Naples Fb 3411	o has/have authority to manage is/a Title or Capacity: 1 Old, duly authenticated by the official	Name and Address:
Jse attachments if necessar	Acros of the person(s) who Name and Address: Acros of Ragan ASSS Assames Complex FL 34110 ary) of existence, no more than 90 days of which it is organized. (If the certif	o has/have authority to manage is/a Title or Capacity: 1 Old, duly authenticated by the official	Name and Address:
Ittle or Capacity: Ow Net Jse attachments if necessar Attached is a certificate or risdiction under the law of the translator must be sub-	Acould Ragan Renald Ragan Renald Ragan Reples Fl. 3411 ary) of existence, no more than 90 days of which it is organized. (If the certiformitted)	o has/have authority to manage is/a Title or Capacity: Old, duly authenticated by the official factor is in a foreign language, a transport	Name and Address:
Title or Capacity: Owner Jee attachments if necessar Attached is a certificate or risdiction under the law of the translator must be sub. This document is execut	Acros of the person(s) who Name and Address: Acros of Ragan ASSS Assames Complex FL 34110 ary) of existence, no more than 90 days of which it is organized. (If the certif	o has/have authority to manage is/a Title or Capacity: Old, duly authenticated by the official factor is in a foreign language, a transport of the control	Name and Address: Address
Title or Capacity: Owast Use attachments if necessa Attached is a certificate or risdiction under the law of the translator must be sub. This document is execut	As a Assame Concept of existence, no more than 90 days of which it is organized. (If the certifornitted)	o has/have authority to manage is/a Title or Capacity: Old, duly authenticated by the official factor is in a foreign language, a transport of the control	Name and Address: Address
Title or Capacity: Owner Use attachments if necessar. Attached is a certificate or instruction under the law of the translator must be sub. This document is execut	ary) of existence, no more than 90 days of which it is organized. (If the certiformitted) ted in accordance with section 605.0 the Department of State constitutes:	o has/have authority to manage is/a Title or Capacity: Old, duly authenticated by the official factor is in a foreign language, a transport of the control	Name and Address: Address

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3855913

Entity Name: UGM, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: RONALD L. RAGAN

Registered Office: 524 NORTH SYCAMORE STREET, GARDNER, KS 66030

was filed in this office on October 28, 2005, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 29, 2017

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 998366 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

EMI DEC -6 7 3: 34