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Division of Corporations

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Foreign Limited Liability Company
UNITED FINANCIAL GROUP LLC

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Corporate Filing Menu

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K. SALY

FEB 21 2022

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:

1. UNITED FINANCIAL GROUP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

UNITED FINANCIAL GROUP LLC BY STEVEN
(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 "L.L.C.")

2. Philadelphia, PENNSYLVANIA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (PRI number, if applicable)

UPON QUALIFICATION
4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.3505, F.S. to determine penalty liability)

5. 1025 E. HALLANDALE BEACH BLVD (Street Address of Principal Office)
UNT 1509
HALLANDALE BEACH, FL 33009
6. 1025 E. HALLANDALE BEACH BLVD (Mailing Address)
UNT 1509
HALLANDALE BEACH, FL 33009

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEVEN MARTINEZ
Office Address: 1025 E. HALLANDALE BEACH BLVD. #1509
HALLANDALE BEACH, Florida 33009
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Verified by officer: Steven Martinez
(Registered agent's signature)

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CLERK OF CIRCUIT COURT
HALLANDALE BEACH, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: STEVEN MARTINEZ	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1025 E. HALANDALE BEACH	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT 1509	<input type="checkbox"/> Authorized	_____
Person	HALLANDALE BEACH, FL 33009	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 SECRETARY OF STATE
 HALLANDALE BEACH, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Verified by pdfFiller
Steven Martinez
 Signature of an authorized person

STEVEN MARTINEZ

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
02/14/2022

2022 FEB 18 PM 5:12
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DEPARTMENT OF STATE
HALLAM STREET, PITTSBURGH, PA 15222

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

United Financial Group LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220214131852-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>