2/22/24, 11:23 AM

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : C F CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: ERINREEVESMCGINNIS@UNITEDHOMESGROUP.COM

Foreign Limited Liability Company **UHG SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

From: James Tanks

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

IN COMPLIANCE WITH SECTION 6(\$,0x0; FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKYN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

-Name of Foreign	I imited I carabity Company, must sociade Tanited I	ability Company, 13.1 C," (ii "13 C")	
t nome an exactable, enter attendate i	our adapted bit the purpose obligationing haroness in Flori	Get 11 adjunited name most and are 11 majed tradibly	Топцану, "Э.1.1," ог "ПТ, "Э
South Carolina		3. dilleurige u	
(Jurisd coan under the law of re	neli ferenzi hanfed habiliti con part is columizedi	(11.1 entraper n	pplication
	Date that transacted business in Florida of prior to reg (See sections 695 1903 & 605 0905, Frs. to december	rate attron ()	
917 Chapin Road, Cha	pin, SC 29036	917 Chapin Road, Chapin, SC 2	9036
okrest Audress of Principal Office)		6. (Mailing Address)	
	100 D	109	
Name and street addres	s of Florida registered agent: (P.O. Box)	NOT acceptable)	E
	C T Corporation System		EΒ
Name,			22
Office Address:	1200 South Pinc Island Road		PH ·
	Plantation	3 3 3 2 4 . Florida	ւ ։ 2
	City -	(Zys cede)	- မိ

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.

C.T.Corporation	a System		
By: JamesHTanksIII	Assistant Secretary		
Regulacied again - signature)			

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) totall:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name: Jack Micenko	¹ AlManager	Name: Tom O'Grady
□Member	Address: 917 Chapin Road	□Member	Address: 917 Chapin Road
[]Authorized	Chapin, SC 29036	□ Authorized	Chapin, SC 29036
Person		Person	
[]Other	□Other	[]Other	OOther
Manager €	Name: Keith Feldman	Z l Manager	Name: Shelton Twine
∐Member	Address:	L]Member	Acdress: 917 Chapin Read
□Authorized	Chapin, SC 29036	□Authorized	Chapin, SC 29036
Person		Person	
Other	□Othe:	□Other	[]Other
□Manager	Name:	□ Manager	Name:
[]Member	Address:	[]Member	Address;
□ Authorized		DAuthorized	
Person		Person	
Other		□Other	□Other

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 Sumites. 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 \$.817.155, F.S.

	You	o la	
		Signature of an authorized person	
Tom O'C	irady		
	···	Typed or printed name of signee	

o: Page, 5 of 5 2024-02-22 10:30:12 CST 16144554862 From; James Tanks

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

UHG Services, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 8th. 2023, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of February, 2024.

Mark Hammond, Secretary of State