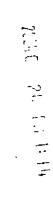
## M24000013655

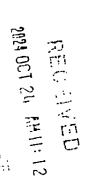
	Requestor's Name)
,	, , , , , , , , , , , , , , , , , , , ,
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,	,
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to 8	Filing Officer:





600438281976





OCT 25 2024 K. Brumbley



Sunbiz Prepaid Account # I20160000017

## **Filing Cover Sheet**

•	
<b>To</b> : Florida Division of Corporations	
From: Merritt Walker C/O Capitol Services, Inc.	
Date: 10/24/2024	
Trans#: 1491571	
Entity Name: CUJP-Acquisition, LLC	
Articles of Organization ( )	Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )
STATE FEES PREPAID WITH: SUNBIZ ACCT #1201	60000017 in the amount of \$155.00
PLEASE RETURN:	
Certified Copy (✓) Plain Stamped	Copy()
Good Standing / \ Certificate of	Fact ( )

Capitol Services, Inc. 515 E. Park Ave. 2<sup>nd</sup> FL Tallahassee, FL 32301 Phone: 855-498-5500

## **COVER LETTER**

t c

TO: Registration Section Division of Corporations				
SUBJECT: UJP Acquisition, 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:				
Jay Dunkel				
Name of Person				
Capitol Services - Corporate Filings Team Firm/Company				
FittivCompany				
515 East Park Avenue 2nd FI				
Address				
Tallahassee, FL 32301				
City/State and Zip Code				
jayd@unclejohnspride.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call;				
Jay Dunkel <u>at ( 855 ) 498 - 5500</u>				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations  Registration Section  Division of Corporations  Registration Section				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$155.00 Filing Fee & \int \\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy				
Certificate of Status Certified Copy 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:

1. UJP Acquisition	, LLC				
(Name of Fore	gn Limited Liability Company; must include "Limite	d Lisbility Company." "L	.L.C.," or "LLC.")		
(If name unavailable, enter alterna	te name adopted for the purpose of transacting business in Flo	orida. The alternate name must	include "Limited Liability Company	.""LLC," or "LLC."	
2. Delaware		3. 88-0940123 (FEI number, if applicable)			
(Jurnsdiction under the law o	of which foreign limited liability company is organized)		(FEJ number, if applicable	ю;	
4. 03/31/2022	(Date first transacted business in Florida, if prior to	a nonstration. )			
	(See sections 605,0904 & 605 0905, F.S. to determ	ine penalty liability)			
5. 10250 Woodberry Rd. (Street Address of Principal Office)		6. <u>10250 W</u>	oodberry Rd. (Mailing Address)		
Tampa, FL 33619		Tampa, FL 33619			
				2021	
				) [	
7. Name and street add	lress of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)		#T	
Name:	Capitol Corporate Services, I	Inc.		 _ `• 	
Office Addres	515 East Park Avenue 2nd F	<u> </u>		4-7	
	Tallahassee	, Flo	rida 32301		
	(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.

Kim Tadlock, Asst. Secretary on behalf Kitti Fauluck, Add. Services, Inc. (Registered agent's 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) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Jay Dunkel Manager Manager | Name: \_\_\_\_ Address: 10250 Woodberry Rd. Member | Address: Member Tampa, FL 33619 Authorized MAuthorized | Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Other Name: Bill Mayer Name: \_\_\_\_\_ Manager Manager Address: 10250 Woodberry Rd. Member Address: Tampa, FL 33619 Authorized Authorized Person Person Other\_\_\_\_ Other Other \_\_\_\_\_ Other Name: \_\_\_\_\_ Manager Name: \_\_\_\_ Manager Member Member Address: Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other\_\_ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person Jay Dunkel

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "UJP ACQUISITION, 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UJP ACQUISITION, LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 204706098

Date: 10-23-24