

112500003921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

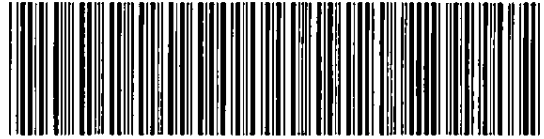
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500444995445

02/19/25--01042--006 **130.00

2025 MAR 17 1:12:57

T. LEMIEUX
MAR 19 2025

154912
5420N

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UBR Group 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:

Maxine Lambert
Name of Person

UBR Group LLC
Firm/Company

4811 Jackson Street
Address

Hollywood FL 33021
City/State and Zip Code

admin@460alameda.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie LAMBERT at (954) 997-9996
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2025

MAXINE LAMBERT
4811 JACKSON ST
HOLLYWOOD, FL 33021

SUBJECT: UBR GROUP LLC
Ref. Number: W25000026639

We have received your document for UBR GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 725A00004349

**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. UBR Group LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 33-3132659
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2031 Harrison St, Ste 29
(Street Address of Principal Office)

6. 2031 HARRISON St, Ste 29
(Mailing Address)

Hollywood, FL, 33020

Hollywood FL 33020

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

Name: Maxine LAMBERT

Office Address: 4811 Jackson St

Hollywood, Florida 33021
(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.

(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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>YVES LAMBERT</u>	☒ Manager	Name: <u>Gery VANDERHAEGEN</u>
☐ Member	Address: <u>424 Alameda Dr</u>	☐ Member	Address: <u>390 Casuarina</u>
☐ Authorized	<u>Hallandale Beach</u>	☐ Authorized	<u>CONCOURSE</u>
Person	<u>FL 33009</u>	Person	<u>MIAMI FL 33143</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

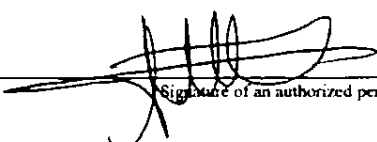
☒ Manager	Name: <u>MAXINE LAMBERT</u>	☐ Manager	Name: _____
☐ Member	Address: <u>4811 JACKSON ST</u>	☐ Member	Address: _____
☐ Authorized	<u>Hollywood</u>	☐ Authorized	_____
Person	<u>FL 33021</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	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. 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.



Signature of an authorized person
MAXINE LAMBERT

Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UBR GROUP 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 FIRST DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UBR GROUP LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2025.



10079761 8300

SR# 20250847168

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203055275

Date: 03-01-25