

W22000 017505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

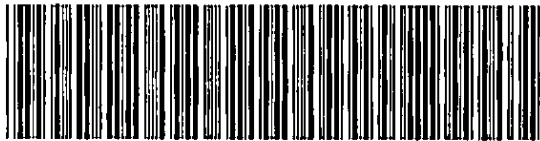
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN

NOV 21 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Assembly 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:

Luis Mendoza
Name of Person

United Assembly LLC
Firm/Company

6700 jefferson paige rd lot 515
Address

Shreveport, La. 71119
City/State and Zip Code

UNITEDASSEMBLYLLC1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

21 Feb 19

For further information concerning this matter, please call:

Luis Mendoza at (850) 382-3834
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

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. United Assembly 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. Shreveport, LA. 3. 88-0652509
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

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

5. 7840 Lilac Ln Apt. 811 Pensacola, Fl. 32514 6. 7840 Lilac Ln Apt. 811 Pensacola, Fl. 32514
(Street Address of Principal Office) (Mailing Address)

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

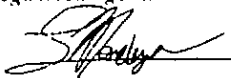
Name: Luis Mendoza

Office Address: 7840 Lilac Ln Apt. 811

Pensacola, Florida 32514
(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)

211019

manage (up to six (6) total).

Title or Capacity: **Name and Address:**

Manager Name: Luis Mendoza

Member Address: 7840 Lilac Ln Apt. 811

Authorized Pensacola, Fl. 32514

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Jose Sanchez

Member Address: 7840 Lilac Ln Apt. 811

Authorized Pensacola, Fl. 32514

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

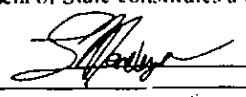
Person _____

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

Luis Mendoza

Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

UNITED ASSEMBLY LLC

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 10, 2022,

I further certify that no Certificate of Dissolution or Termination has been issued.

21 Nov 2022 7:05:09 PM

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 4, 2022



Secretary of State

Web 44833438K

Certificate ID: 11647485#N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.

www.sos.la.gov



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2022

LUIS MENDOZA
6700 JEFFERSON PAIGE RD LOT 515
SHREVEPORT, LA 71119 US

SUBJECT: UNITED ASSEMBLY LLC
Ref. Number: W22000115927

We have received your document for UNITED ASSEMBLY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00020354

RECEIVED

NOV 21 2022