Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: uniqueupholstery@aol.com

FLORIDA LIMITED LIABILITY CO.

Unique Upholstery, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

01/27/2023 13:10 T-05:00 TO: +18506176381 FROM: 9416251526

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

UNIQUE UPHOLSTERY, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
111 CORPORATION WAY UNIT E	THE CORPORATION WAY UNIT E		
VENICE, FL 34285	VENICE, FL 34285		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

В	RYAN WILDASIN	
,	Name	
LII COF	PORATION WAY UN	IT E
Florida street ad	dress (P.O. Box <u>NOT</u> ac	cceptable)
VENICE	FLORIDA	34285
City	State	Zip

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

PORGAL PROJECT SET Régistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" — Authorized Member "MGR" = Manager AMBR BRYAN WILDASIN HI CORPORATION WAY UNIT E VENICE, FL 34285 AMBR SANDRA WILDASIN HI CORPORATION WAY UNIT E VENICE, FL 34285 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days fier the date of filing.) ott: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to does not the Department of State's records. RTICLE VI: Other provisions, if any, NY AND ALL LAWFUL BUSINESS REOUTED SIGNATURE: REOUTED SIGNATURE: BRYAN WILDASIN Tis document is executed in accordance with section 605.0203 (1) (b). Florida Statues, 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. BRYAN WILDASIN Typed or printed name of signee	<u>Title:</u>		Name and Address:	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)