

B150000000171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

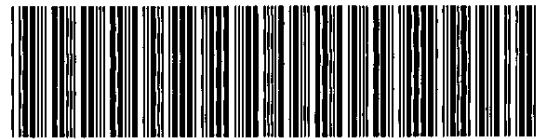
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 19 PM 5:03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2015
S. YOUNG

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/19/15

NAME:

UNIQUE STAFF LEASING I, LTD.

TYPE OF FILING: APPLICATION

COST:

1,000

- Check is attached

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: PCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

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TALLAHASSEE, FLORIDA

* File Second *

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unique Staff Leasing I, Ltd.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Samantha Campbell

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City, State and Zip Code

clientservices@rasl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Campbell at (**888**) **705-7274**
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Unique Staff Leasing I, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. 04/04/2000

Date of Formation

4. Federal Employer Identification Number: 74-2954372

5. Name of Registered Agent for Service of Process and Florida Street Address:

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

6. 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.

Jaclyn Wright Jaclyn Wright, Asst. Secretary
Signature of Registered Agent

7. Principal Office:

4646 Corona Suite 105

Corpus Christi, TX 78411

8. Mailing Address:

4646 Corona Suite 105

Corpus Christi, TX 78411

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Unique Staff Leasing LLC

Street Address: 4646 Corona Suite 105

Corpus Christi, TX 78411

Mailing Address: 4646 Corona Suite 105

Corpus Christi, TX 78411

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

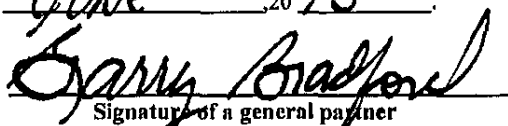
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 3rd day of June, 2015.


 Signature of a general partner

sole member of LLC

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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 TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for UNIQUE STAFF LEASING I, LTD. (file number 13335410), a Domestic Limited Partnership (LP), was filed in this office on April 04, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 06, 2015.



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ALPHASSEE, FLORIDA

A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State