

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY  
COMPANY**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 AM 10:58

**2001 UBR**

DOCUMENT #

**L-9406**

1. Limited Liability Company's Name

**UNEFIED SOLUTIONS, LLC**

2. Principal Office Address

**1525 NW 167th Street**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami, FL.**

Zip

**33169**

Country

**USA**

3. Mailing Office Address

**1525 NW 167th St.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami, FL.**

Zip

**33169**

Country

**USA**

4. State/Country of Formation

**FL. USA**

5. Date Organized or Qualified  
To Do Business in Florida

**August 7, 2000**

6. FEI Number

**65-1035854**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**Michael Noshay**

Street Address (P.O. Box Number is Not Acceptable)

**1525 NW 167th Street**

Suite, Apt. #, Etc.

**Suite 200**

City

**Miami**

State

**FL**

Zip Code

**33169**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Michael Noshay*

REGISTERED AGENT MUST SIGN

Date **10/15/01**

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Mngr.  | Michael Noshay                       | 1525 NW 167th Street                              | Miami, FL 33169    |
| Mngr.  | Joe Millstone                        | 1525 NW 167th Street                              | Miami, FL 33169    |
| Mngr.  | Anthony Petrone                      | 1525 NW 167th Street                              | Miami, FL 33169    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

*NO Rein due up*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Michael Noshay*

Date

**10/15/01**

Daytime Phone #

**305-913-4018**

Typed or printed name of signing Managing Member/Manager

**MICHAEL NOSHAY**

CR2E041 (9/01)