

U030000049368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

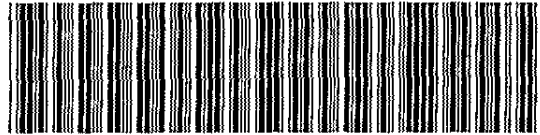
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# ROBERT E. KRAMER, ESQUIRE

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ATTORNEY AT LAW

BOULEVARD EXECUTIVE PARK  
555 WEST GRANADA BOULEVARD, SUITE A-9  
ORMOND BEACH, FLORIDA 32174

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TELEPHONE (386) 672-4313  
FACSIMILE (386) 672-4410

November 20, 2003

**Secretary of State**  
**Division of Corporations**  
PO Box 6327  
Tallahassee, FL 32314

RE: Uneek, LLC

Dear Sir:

Enclosed please file the Articles of Organization for the above limited liability company along with your filing fee of \$125.00. Please return the certificate and one copy of the stamped Articles to my office.

Please do not hesitate to contact me if there are any questions regarding this matter.

Very truly yours,



Robert E. Kramer

REK/msp  
Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
UNEK, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
Post Office Box 290401, Port Orange, FL 32129-0401  
82 Emerald Oaks Lane, Ormond Beach, FL 32174

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

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

HAMID REZA TOUTOUNCHIAN

Name

82 Emerald Oaks Lane

Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach, FL 32174

City, State, and 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 608, F.S.*

*Hamid R. Toutounchian*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Hamid R. Toutounchian*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HAMID REZA TOUTOUNCHIAN

Typed or printed name of signer

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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