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(Re	equestor's Name)		
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(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number		
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
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## Arnold S. Goldstein & Associates, LLC

May 7, 2004

Registration Section Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

#### Re: UNICORN BAY, LLC & UNICORN GULF, LLC

We are enclosing a check in the amount of \$250 as filing fees for the two (2) Florida Limited Liability Companies. The Articles of Organization & Transmittal Letters are filled out and signed.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

1004 MAY 10 P 3: 52
SECRETARY OF STATE
TAIL AHASSEE, FLORID

#### TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: UNICOM Bay LU  (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Barbara Schwatz	
(Name of Person)	
Arnold Goldstein + Associates	
2500 N. Military Trail # 260	- <del></del>
Boca Paton FL 3343 FE E (City/State and Zip Code)	and the second
(City/State and Zip Code)	Total States
For further information concerning this matter, please call:	
Barbara Schwartz at 561, 953-10500	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	ny is:	_	
Unicorn	Bay, LL	<u>C</u>	
ARTICLE II - Address: The mailing address and street address of	the principal office of the	: Limited Liability Compa	ny is:
Principal Office Address:	Mailing A	Address:	
	4050	NE 27th I	erraci
	Light	house Pt	
	FC	33064	
ARTICLE III - Registered Agent, Registered Agent		MY 10 P 3: 52 INSSEE, FLORIDA	
Lighthouse	P+ FLORIDA33	064	

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager of	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mbrm	Mervin Gildings 4050 NE 027th Terrace highthouse Pt, FL 33064
MGRM	Jane Coidding 4050 NE 27th Temace highthouse et, Fl 33064
(Use attachment if necessary)	SECRETARY OF LANGASSEE, FI
NOTE: An additional article must be a	added if an effective date is equested.
REQUIRED SIGNATURE:	52
W 0.12.	00002 1
Signature of a member or an au	thorized representative of a member.
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)
Marvin (Typed or prin	Jiddings
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ARTICLE IV- Manager(s) or Managing Member(s):

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)