

L04000045924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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W04-18381 2827,676

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05/04/04- 01014--002 **100.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 16 PM 1:55



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 12, 2004

DION DECESARE
2154 ZIP CODE PLACE UNIT 4
WEST PALM BEACH, FL 33409

SUBJECT: UNIQUE SENSATIONS, LLC
Ref. Number: W04000018381

We have received your document for UNIQUE SENSATIONS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 904A00033214

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE SENSATIONS, LLC
(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:

DION DeCESARE
(Name of Person)

UNIQUE SENSATIONS, LLC
(Firm/Company)

2154 ZIP CODE PLACE UNIT 4
(Address)

WEST PALM BEACH, FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

DION DeCESARE at 561 352-0888
(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

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DIVISION OF CORPORATIONS
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIQUE SENSATIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

2154 Zip Code Place

UNIT 4

WEST PALM BEACH, FL
33409

Mailing Address:

2154 Zip Code Place

UNIT 4

WEST PALM BEACH, FL
33409

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

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

DION DE CESANE
Name

2154 Zip Code Place UNIT 4
Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH FLORIDA 33409
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, Florida Statutes..

Dion De Cesane
Registered Agent's Signature

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

m G R M

DION DECESARE
2154 ZIP CODE PLACE UNIT 4
WEST PALM BEACH, FL 33409

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

DION DECESARE
Ty nted name of signee

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DIVISION OF CORPORATIONS
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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)