

Division of Corporations

L05000022445

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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

A Unique Vision LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: **A Unique Vision LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

2404 Lake Avenue

2404 Lake Avenue

Sanford, FL 32771

Sanford, FL 32771

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

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

Sonya Rudolph

Name

2404 Lake Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Sanford, FL 32771

(City / State / 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.*

  
\_\_\_\_\_  
Registered Agent's Signature - Sonya Rudolph

**FILED****ARTICLE IV - Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

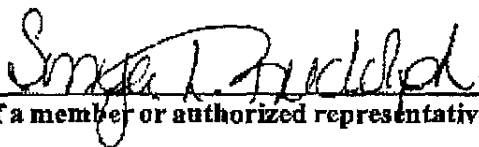
"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAMGRMSonya Rudolph- 2404 Lake Avenue, Sanford, FL 32771MGRMThelma Williams- 1327 Summerlin Avenue, Sanford, FL 32771MGRMMable Barnes- 3021 W. 23 Street, Sanford, FL 32771

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Signature of a member or 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. )

Sonya Rudolph

Typed or printed name of signee