

LO7000098617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

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MAIL

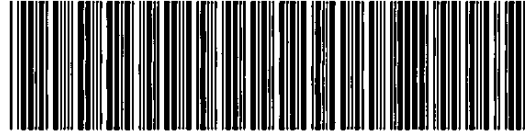
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 SEP 27 AM 11:31

DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

FILED

07 SEP 27 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: Registration Section  
Division of Corporations

SUBJECT: Unique Concepts, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vickie Whaley or Carly Grubbs  
Unique Concepts, LLC  
PO Box 622  
Crawfordville, Florida 32326

For further information concerning this matter, please call Vickie Whaley at (850) 556-5867.

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee &  
Certificate of Status    ☐ \$155.00 Filing Fee &  
Certified Copy    ☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLE ONE.**

**NAME**

The name of the Limited Liability Company is Unique Concepts Photography, LLC

**ARTICLE TWO.**

**ADDRESS**

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

Unique Concepts, LLC  
PO Box 622  
Crawfordville, FL 32326

The principal office address of the Limited Liability Company is:

19 Coleman Road  
Crawfordville, FL 32327

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TALLAHASSEE, FLORIDA

**ARTICLE THREE.**

**REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S  
SIGNATURE**

The name and the Florida Street Address of the registered agent are:

Carly Grubbs  
Name  
19 Coleman Road  
Florida Street Address  
Crawfordville, Florida 32327  
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..*

  
Registered Agent's Signature

**ARTICLE FOUR.**

**MANAGER(S) OR MANAGING MEMBER(S)**

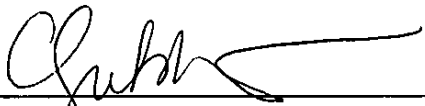
The name and address of each Manager or Managing Member is as follows:

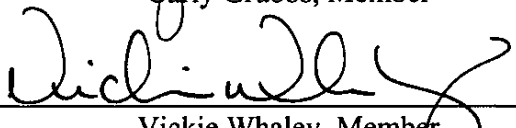
<u>Title:</u>	<u>Name and Address:</u>
MGRM	Carly Grubbs 19 Coleman Road Crawfordville, FL 32327
MGRM	Vickie Whaley 579 Lawhon Mill Road Crawfordville, FL 32327

**ARTICLE FIVE.**

**EFFECTIVE DATE**

The effective date of this Limited Liability Company is October 1, 2007.

  
\_\_\_\_\_  
Carly Grubbs, Member

  
\_\_\_\_\_  
Vickie Whaley, Member

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TALLAHASSEE, FLORIDA

*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.*