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## **COVER LETTER**

	gistration Section vision of Corporations	× *
SUBJECT:	Unique Panking Mainter	name, LLC,
	(Name of Limited Liability Company)	
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Chaisting A. A. Zomeno (Name of Person)	1
	(Name of Person)	
<del></del>	(Firm/Company)	
	5863 South 3875 Street (Address)	
	Green acres Florina 330 (City/State and Zin Code)	463
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	
Chris	(Name of Person) at (SG) S77.	-8076
	(Name of Person) (Area Code & Daytime Tele	ephone Number)
Enclosed is	a check for the following amount:	
70105 00 E	71	OLCO OO EULA EAS
\$125.00 Fil	iling Fee \$\Bigcup\$\$130.00 Filing Fee & \$\Bigcup\$\$\$\$ \$\Bigcup\$\$\$ Certificate of Status Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address	
	Registration Section Registration Section	
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	l
	Tallahassee, FL 32314 2661 Executive Center C	Circle
	Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
GREEN ACRES Florida 33463	5A-01E
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Chaistina Ro	meno
Name	/
	ress (P.O. Box NOT acceptable)
Florida street add	Iress (P.O. Box NOT acceptable)
City, State, a	FL F2. 3346 3 and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (REQUIRED)
(CONTENT)	ure (REQUIRED)  ACCRETARY  UED)  ZOOT NOV -5
(CONTIN) Page 1 of	

## ARTICLE IV- Manager(s) or Managing Member(s):

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
· /	President  Vice President	Christing A. Romero 5863 South 38th STREET GREEN ACRES, EC. 33463  Reynaloo ALVARE-2 5863 South 38th STREET
Member		5863 90574 3814 91RW 6 NEEN ACRES, FC. 33463
	(Use attachment if necessary)	
(If an	CLE V: Effective date, if other tha	in the date of filing:
(If an	CLE V: Effective date, if other tha effective date is listed, the date multiple days after the date of filing.)  REQUIRED SIGNATURE:	in the date of filing:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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