

L08000038998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

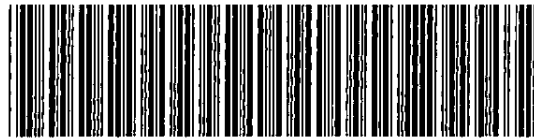
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400121062624

03/25/08--01010--021 \*\*130.00

Effective Date

04/25/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 17 AM 10:39

T. HAMPTON

APR 18 2008

EXAMINER

208-151-895

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Unsaid 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:

Jeremy Hyson  
(Name of Person)  
Unsaid  
(Firm/Company)  
4420 Scenic Lake Dr  
(Address)  
Orlando, FL 32808  
(City/State and Zip Code)

For further information concerning this matter, please call:

Danny Lee at ( 407 ) 968-7341  
(Name of Person) (Area Code & Daytime Telephone Number)

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 (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

4/14/08

To Whom It May Concern:

Attached in this following letter is the form with the correct effective date. We recently were mailed back our form and was requested to fix the date and return.

However, we have misplaced the original form that you have sent us so we printed out the same form and filled it out. Hopefully this will be sufficient for you. If not, please contact us immediately as we would like to finalize our LLC status as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeremy Hyson', with a stylized flourish at the end.

Jeremy Hyson  
Unsaid LLC  
303-332-4549



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 APR 17 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 26, 2008

JEREMY HYSON  
4420 SCENIC LAKE DR  
ORLANDO, FL 32808

SUBJECT: UNSAID LLC  
Ref. Number: W08000015698

We have received your document for UNSAID LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 25, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 408A00018034

Effective Date  
Expiring Date

04/25/08

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Unsaid LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

4420 Scenic Lake Dr.  
Orlando, FL 32808

#### Mailing Address:

(Same)

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeremy Hyson  
Name

4420 Scenic Lake Dr.

Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32808

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 17 AM 10:39

**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:**

MGR

Jeremy Hyson

4420 Scenic Lake Dr.  
Orlando, FL 32808

MGR

Danny Lee

4420 Scenic Lake Dr.  
Orlando, FL 32808

MGR

Golf Charoenkitsakulchai

4420 Scenic Lake Dr.  
Orlando, FL 32808

MGR

Nick Cirullo

4420 Scenic Lake Dr.  
Orlando, FL 32808

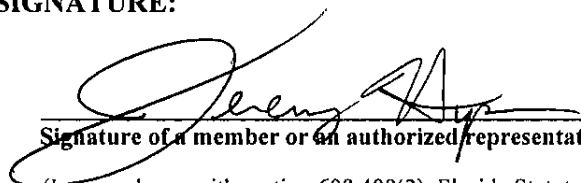
See

(~~the~~ attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/25/08 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Jeremy Hyson

Typed or printed name of signee

**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)

**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

MGR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Steve Rufe  
2926 Gemini Ave NE  
Palm Bay, FL 32905-5717

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