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Division of Corporations

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From:

Account Name : BUSINESS FILINGS Account Number: 105256001620

Phone : (608)827-5300

Fax Number

: (608)827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Unique Concepts LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

T. CLINE

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Corporate Filing Menu

FEB 2 0 2009

EXAMINER

FAX AUDIT # 4090000 38088 3

ARTICLES OF ORGANIZATION OF Unique Concepts LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Unique Concepts LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 323 Golden Harbour Trail, Bradenton, Florida 34212.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Ahmet Ozgun, 323 Golden Harbour Trail, Bradenton, Florida 34212. Located in the County of Manatee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Ahmet Ozgun, 323 Golden Harbour Trail, Bradenton, Florida 34212

Date: February 13, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

(608) 827-5300

FAX AUDIT # \\090000 29093 3

FAX AUDIT # H090000 38098 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Unique Concepts LLC

The name and address of the registered agent and office is Ahmet Ozgun, 323 Golden Harbour Trail, Bradenton, Florida 34212. Located in the County of Manatee.

Having been named as registered agent and to accept service of process for the above stated 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.

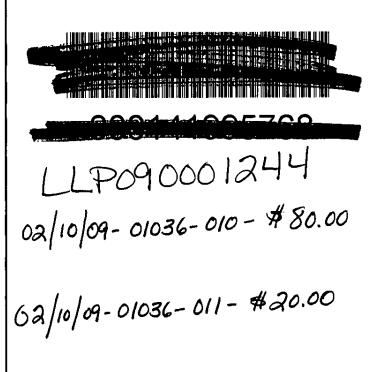
Signature: Day

Date: 02/16/09 # 8:

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T. CLINE

FEB 19 2009

EXAMINER



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	COVER LETT	TER	
TO: Registration Section Division of Corporations			
SUBJECT: American Tax Cons	sultants Group,		_
PARTNERSHIP'S REGISTRATION NUM		5582 [FEI: 30-05	10451]
The enclosed Statement of Qualification and	fee(s) are submitted for f	iling.	
Please return all correspondence concerning	this matter to the following	ng:	
Lanre Adeyan-Ju			:100°
(Name of Person)	 _	-	FC 9F II
American Tax Consultants ((Firm/Company)	Group, LLP	_	EDB9 FEB 10 PM 4: 25
13525 NE 6th Avenue			黑 25
(Address)		_	
Miami, FL. 33161		_	
(City/State and Zip	Code)		
For further information concerning this matter	er, please call:		
Lanre Adeyan-Ju	at (305	, 895-4400	
(Name of Person)		& Daytime Telephone Number)	•
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADI Registration Sec Division of Corp	tion	

Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, Florida 32314

INHS67 (10/07)

STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN LIMITED LIABILITY PARTNERSHIP

The name of the partnershi American Tax Consultant	p as identified in the records of the Florida Department of S is Group,	tate:
Insert partnership's Florida reg	gistration number: P0800095582 [FEI: 30-0510451]	
Attach completed Partnership	Registration Statement and \$50 filing fee.	
2. Suffix adopted for the abov	re named partnership: "LLP [to replace P. A.] Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or	r "LLP")
3. The street address of its ch (if different from current recorded a	ief executive office: 13525 NE 6th Avenue address): Miami, FL 33161	
4. The street address of princ (if different from above)	ipal office in Florida: Same	- <u>- </u>
Lanre Adeyan-Ju	et address of the partnership's agent for service of process:	INFEB 10
Miami, FI.	いと 331と1, Florida	mo P
6. This partnership hereby ele	cts to be a limited liability partnership.	4: 25
7. Effective date, if other than (Effective date cannot be properties)	the date of filing:	of filing.)
stated herein are true.	t constitutes an affirmation under the penalties of perjury th	at the facts
Signed this 6 day of	February 1.2009.	
Signature of a partner or autho	rized person:	
Typed or printed name of person	on signing above: Lanre Adeyan-Ju	
	Filing Fee: \$25.00 Certified Copy (Optional): \$52.50 Certificate of Status (Optional): \$8.75	

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