## L/1000020779

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500194182065

Effective Date 2-10-11

02/16/11--01012--002 \*\*125.00

HILED 2011 FEB 16 PH 2:23 SECRETARY OF STATE

> J. SAULSBERRY EXAMINER

FEB 1 7 2011

## **COVER LETTER**

· TO: ~ Registration Section

Division of Corporations					
<sub>SUBJECT:</sub> Uniq	ue Charm, LLC				
SUBJECT:		ed Liability Comp	nany		
The enclosed Articles	of Organization and fee(s) are	submitted for filir	ng.		
Please return all corres	pondence concerning this mat	ter to the followin	g:		
Stacov	Sugge				
Stacey S	<u>Suggs</u>	Name of Person			
-		Firm/Company			
6564 R	iver Point Drive			TAL SE	201
		Address		AAR H.C.	337
Fleming Isl	land, FL 32003			RETARY	2011 FEB 16 PM 2: 23
		y/State and Zip Coo	ie	THO THE	PH
uniquecha	Uniquecharm2011@gmail.com  E-mail address: (to be used for future annual report notification)				<u>~;</u>
For further information	n concerning this matter, please		Ant notineuron,	RA DE A	23
Stacey Suggs		at ( 904	, 887-583	8	
Namo	e of Person		de & Daytime Tel	ephone Number	
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Co (additional co		\$160.00 Filing State Certificate of State Certified Copy (additional copy is a	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section in of Corporation Building secutive Center ssee, FL 32301	as	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

l office of the Limited Liability Company is:				
ling Address:				
6564 River Point Drive				
Fleming Island, FL 32003				
red agent are:  AHASSEE, FLORIDA  O. Box NOT acceptable)				
O. Box NOT acceptable)				
2003				
Zip				

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## **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	Name and Address:
"MGRM" = Managing Men	nber
MGRM	Stacey Suggs
	6564 River Point Drive
	Fleming Island, FL 32003
MGRM	Jennifer Williams
	724 S. Saint Asaph Street Apt. B-311
	Alexandria, VA 22314
	indian in the second se
	HÉ EB
<del></del>	SSE 6
	TS 🗷
	2
(Use attachment if necessar	,,\
(Ose attachment if necessar	y) ^ ·
CLEV: Effective date if other	er than the date of filing: 10,001 . (OPTIONAL)
effective date is listed, the da	te must be specific and cannot be more than five business days prior
90 days after the date of filing	
	ייו
REQUIRED SIGNATURI	E:
	$\left( \begin{array}{ccc} & & & \\ & & & \\ & & & \end{array} \right)$
	Atticl us dim
<u></u>	
Signature o	of a member or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution of this document

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State