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(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

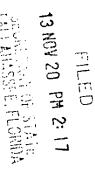
Office Use Only



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K.SALY EXAMINER NOV 21 2013

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	Uniq	ue Homes LL	С		
SUBJE	CT:		ed Liability Com	pany	
		f Organization and fee(s) are s			
Please		ondence concerning this matter	er to the followin	g:	
	Marron	D. weeks			
			Name of Person		
			Firm/Company		
	1203 S	E 4th Ave			
	· · · · · · · · · · · · · · · · · · ·		Address		
	Crystal	River, Florida	34429	}	
			y/State and Zip Co	de	
-	uniquehor	mes1@yahoo.com E-mail address: (to be used f		nort notification)	
For tur	ther information	concerning this matter, please		por,	
				004.00	140
Ma	rron We	•	_ _{at (} 352	601-08	
	Name	of Person	Area Co	de & Daytime Telep	hone Number
Enclos	sed is a check for	or the following amount:			
■\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified C (additional co	~	\$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	Registra Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building executive Center Cossee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
Unique Homes LLC.	4214
(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:
1203 SE 4th ave	1203 SE 4th ave
Crystal River, Fl. 34429	Crystal River, Fl. 34429
(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 Marron D. Weeks	
Name	22 7
1203 SE 4th ave	
Florida street add	Iress (P.O. Box NOT acceptable)
Crystal River,	FL 34429
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

MGR		Marron D. Weeks	
		1203 SE 4th ave	
		Crystal River, Fl. 34429	
* · ·			
Use attachment if r	ecessary)		
•	• •	data of Ellings January 2nd 2014 (f	ADTION
		date of filing: January 2nd 2014 . (6) the specific and cannot be more than five	
or 90 days after th	e date of filing.)		

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

> Marron D. Weeks 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)