

L15000001652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

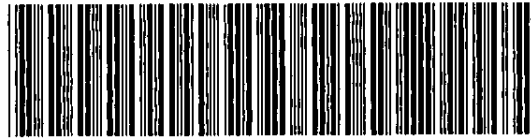
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14 DEC 31 PM 3:25

EFFECTIVE DATE
1/1/15

JAN 06 2015
S. YOUNG

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12-31-14

NAME: UNIFRA LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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TALLAHASSEE, FL
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2015

FLORIDA FILING & SEARCH SERVICES, INC

SUBJECT: UNIFRA LLC
Ref. Number: W15000000124

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DIVISION OF CORPORATIONS
2015 JAN -5 AM 10:13
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SUFFICIENCY OF FILING

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

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00000030

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14 DEC 31 PM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unifra 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:

Abbie Hodge
Name of Person

Florida Filing & Search Services, Inc.
Firm/Company

155 Office Park Drive, Suite A
Address

Tallahassee, FL 32301
City/State and Zip Code

cioffi910@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cioffi at (786) 348-0201
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

FILED
16 DEC 31 10:29
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unifra 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:

1602 Alton Road, #365

Miami Beach, FL 33139

Mailing Address:

1602 Alton Road, #365

Miami Beach, FL 33139

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:

Connie Cioffi

Name

1602 Alton Road, #365

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

Miami Beach,

FL 33139

City

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 605, F.S..

Connie Frances Cioffi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Connie Cioffi

1602 Alton Road, #365

Miami Beach, FL 33139

AMBR

John Cioffi

1602 Alton Road, #365

Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2015 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Connie Cioffi

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)

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14 DEC 31 11:20
SECRETARY OF STATE
TALLAHASSEE, FL 32310