

L15000625469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

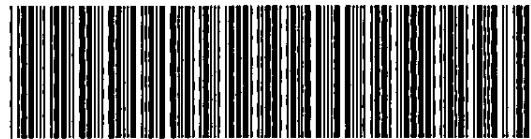
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TAMPA, FLORIDA

FEB 11 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Unimideast 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:

Samer Oleik **Name of Person**

Unimideast LLC **Firm/Company**

1830 N University Dr, Unit 277 Address

Plantation, Florida 33322 City/State and Zip Code

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

For further information concerning this matter, please call:

Samer Oleik at (954) 670 3154
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unimideast 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:

1830 N University Dr Unit 277
Plantation, Florida 33322

Mailing Address:

Same as principal address

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:

Samer Oleik

Name

1830 N University Dr Unit 277

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

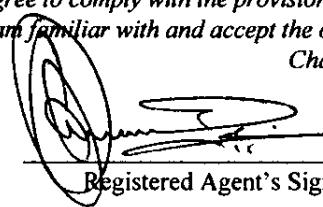
Plantation

FL 33322

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.



Registered Agent's Signature (REQUIRED)

15 FEB -4 AM 8:53
FLORIDA
REGISTERED AGENT OF STATE
FLORIDA

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Samer Oleik

1830 N University Dr Unit 277

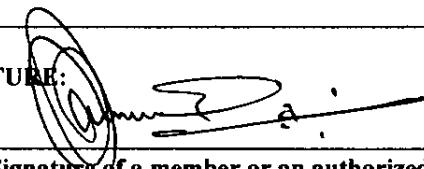
Plantation, Florida 33322

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

SAMER OLEIK
Typed or printed name of signee

15 FEB -4 AM 8:53
FLORIDA
STATE
REGISTRATION
AND
FILING
DIVISION

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)