## L16000 86286

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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DIVISION OF EUREUPANA



April 1, 2016

VERONICA PANOV LAW OFFICES OF VERONICA PANOV PA 1920 E HALLANDALE BEACH BLVD STE 903 HALLANDALE BEACH, FL 33009

SUBJECT: UNICOM AMERICA LLC Ref. Number: W16000020202

We have received your document for UNICOM AMERICA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must sign above printed name.,

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 816A00005574

Division of Communitions D.O. DOV 6007 Mellaharras Florida 2021

## **COVER LETTER**

TO:	Registration Section Division of Corporations
cup II	UNICOM AMERICA LLC
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	VERONICA PANOV
	Name of Person
	LAW OFFICES OF VERINICA PANOV, P.A.
	Firm/Company
	1920 E HALLANDALE BEACH BLVD, SUITE 903
	Address
	HALLANDALE BEACH, FL, 33009
	City/State and Zip Code PANOVLAW@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
	VERONICA PANOV 954 4585379
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>]</b> \$125.0	Of Filing Fee \$\ \times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: , The name of the Limited Liability	Company is:		
	UNICOM AMERIC	A LLC	
(Must end w	ith the words "Limited Lia		y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal office	e of the Limite	d Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
1920 E HALLANDA SUITE 903 HALLANDALE BEA		<u>SA</u>	ME
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	annot serve as its own Reg	Registered Agent.	ent's Signature: . You must designate an individual or
The name and the Florida street a	ddress of the registered age	ent are:	
	VERONIC	A PANOV	
	Na	ame	
	1920 HALLANDALE B	EACH BLVD	, SUITE 903
	Florida street address (P.	O. Box NOT	acceptable)
	HALLANDALE BEACH	i FL	33009
	City	State	Zip
place designated in this certificate, I further agree to comply with the pro	hereby accept the appoints visions of all statutes relating gations of my position as relatives.  Registered	ment as registeng to the property agent	ne above stated limited liability company at the red agent and agree to act in this capacity. It is and complete performance of my duties, and as provided for in Chapter 605, F.S

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Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	CHAFIK M ALKNANI
	1920 E HALLANDALE BEACH BLVD, STE 903
	HALLANDALE BEACH, FL, 33009
AMBR	VERONICA PANOV
	1920 E HALLANDALE BEACH BLVD, STE 903
	HALLANDALE BEACH, FL, 33009
•	
V: Effective date, if other than	he date of filing: 03/08/2016 . (OPTIONAL)
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block do nent's effective date on the Department.	the date of filing:
CV: Effective date, if other than to extive date is listed, the date must filling.)  the date inserted in this block do tent's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than a ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department. EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the crive date is listed, the date must filing.) he date inserted in this block do nent's effective date on the Department of the provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not retirent of State's records.
ctive date is listed, the date must filing.) the date inserted in this block do nent's effective date on the Department of the Department	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not retirement of State's records.  of a member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CV: Effective date, if other than to ctive date is listed, the date must filing.)  the date inserted in this block do nent's effective date on the Department of the date of the Department of t	es not meet the applicable statutory filing requirements, this date will not retirement of State's records.  of a member of an authorized representative of a member. Se executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State.

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\$ 5.00 Certificate of Status (Optional)