. (Re	equestor's Name)				
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W17-41083

M. MOON

JUN 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2017

EDWARD N MAGNO 6610 MARBELLA DR NAPLES, FL 34105

SUBJECT: UNIQUE TRAINING SOLUTIONS, LLC

Ref. Number: W17000046086

We have received your document for UNIQUE TRAINING SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please make sure that everyone listed under article IV has a proper designated title, "owner" and "co-owner" are no acceptable titles.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 817A00010932

I have made the requested changes to the corporate documentation. Please advise me if you have any additional needs.

Thank You

WEEK Magno

www.sunbiz.org

Bivision of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



17 典 13 高 20

May 12, 2017

EDWARD N MAGNO 6610 MARBELLA DR NAPLES, FL 34105

SUBJECT: UNIQUE TRAINING SOLUTIONS, LLC

Ref. Number: W17000041083

We have received your document for UNIQUE TRAINING SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 917A00009590

The requested addition to the document for Unique Training Solutions, LLC has been made. See attached document.

Thank You

Edward: N Magno

COVER LETTER

	w Filing Section vision of Corporations		•	
SUBJECT:	Unique Training Solutions			
SCHOLCT.		mited Liability	Company	
The enclose	d Articles of Organization and fee(s) a	re submitted fo	or filing.	
Please return	n all correspondence concerning this m	natter to the fol	lowing:	
	Edward N Magno			
-		Name of Po	erson	
	Unique Training Solutions			
-		Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·
	6610 Marbella Drive			
-		Addres	S	
	Naples, Florida 34105			
		City/State and	Zip Code	
	magno@comcast.net E-mail address: (to be used			
For further in	formation concerning this matter, pleas			
1	Edward N Magno 2 at (239	348-3080	
_	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the following amount:			
]\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,`.	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C 	ereet Address ew Filing Section ivision of Corpora lifton Building 661 Executive Cen allahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus	a contain the words. Limited Liabini	ty Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:		Called the Later 1992 of the called	
ne maning address and st	reet address of the principal office of	the Limited Liability Company is:	
<u>Pr</u>	incipal Office Address:	Mailing Address:	
6610 Marbella Drive, Naples, Florida 34105		PO Box 11806, Naples, Florida 34101	
0010 Mathena	Direc, ivapies, Florida 54105	10 201111111111111111111111111111111111	
RTICLE III - Registere he Limited Liability Con other business entity wit	d Agent, Registered Office, & Reg npany cannot serve as its own Regist th an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or	
RTICLE III - Registere The Limited Liability Control to the control of the contro	d Agent, Registered Office, & Reginpany cannot serve as its own Regist han active Florida registration.) treet address of the registered agent a	istered Agent's Signature: ered Agent. You must designate an individual or are:	
RTICLE III - Registere The Limited Liability Control to the control of the contro	d Agent, Registered Office, & Reginpany cannot serve as its own Register an active Florida registration.) treet address of the registered agent a	istered Agent's Signature: ered Agent. You must designate an individual or are:	
RTICLE III - Registere The Limited Liability Control Tother business entity with	d Agent, Registered Office, & Reginpany cannot serve as its own Regist han active Florida registration.) treet address of the registered agent a	istered Agent's Signature: ered Agent. You must designate an individual or are:	
RTICLE III - Registere The Limited Liability Control to the control of the contro	d Agent, Registered Office, & Reginpany cannot serve as its own Registich an active Florida registration.) treet address of the registered agent a Gail Hamilton Name	istered Agent's Signature: ered Agent. You must designate an individual or are:	
RTICLE III - Registere The Limited Liability Control other business entity with	d Agent, Registered Office, & Registered agent and active Florida registered agent a	istered Agent's Signature: ered Agent. You must designate an individual or are:	

(CONTINUED)

Gail Hamilton
Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager ————————————————————————————————————	Edward N-Magno 6610 Marbella Drive, Naples, Florida	
AR	Gail Hamilton- 131-91-st Ave Treasure Island, Florida -33706	
And the state of t		
(Use attachment if necessary)		
(If an effective date is listed, the date must be specif the date of filing.)	nd education programs	
REQUIRED SIGNATURE:	1 hear	
This document is executed a lam aware that any false inf	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	
Edward Magno – T	yped or printed name of signee	
\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: ization and Designation of Registered Agent	i

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

ARTICLE IV-