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TRUCK OF CORPORATION OF STATE OF STATE

## **COVER LETTER**

	ew Filing Section ivision of Corporations	
SUBJECT	UNICOM ORLANDO LLO	C
.10131201		ame of Limited Liability Company
The enclose	ed Articles of Organization an	nd fee(s) are submitted for filing.
Please retu	rn all correspondence concern	ing this matter to the following:
	MOHAMMAD ALI	
		Name of Person
	UNICOM ORLANDO LLC	
		Firm/Company
	1001 YAMATO RD, SUITE	301
		Address
	BOCA RATON, FL 33431	
1	RANA@MYTAXCORP.COM	City/State and Zip Code M
-	E-mail address: (	to be used for future annual report notification)
For further in	nformation concerning this ma	itter, please call:
	WAHAB ISMAIL	313 2530161 at (
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amo	ount:
]\$125.00 Fi	ling Fee \$130.00 Filing Certificate of	
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporation	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

UNICOM	ORLANDO	LLC	

(Must contain 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:	Mailing Address:
1001 YAMATO RD	1001 YAMATO RD
SUITE 301	SUITE 301
BOCA RATON, FL 33431	BOCA RATON, FL 33431

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:

MOHAMMAD ALI	_	
	Name	
1001 YAMATO RD,	SUITE 301	
Florida street address	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
BOCA RATON	FL	33431
City	State	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)

(CONTINUED)

CONTRACTOR STATE

DEFICION OF CHRECOATION.

ARTICLE IV-

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

" A \ A TO D !! A		Name and Address:	
	uthorized Member		
"MGR" = Ma AMBR	nager	MOHAMMAD ALI	
WMDK		1001 YAMATO RD, SUITE 301	
		BOCA RATON, FL 33431	<del></del>
		5507 (1757) 157	
	<del></del>		
	•		
Il lee attachen	ent if necessary)		
(	· · · · · · · · · · · · · · · · · · ·		
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