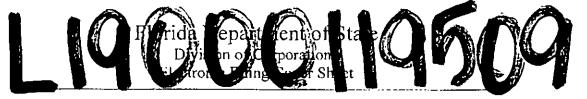
Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000153289 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LEGALZOOM, COM INC.

Account Number : I20010000062 Phone : (323) 962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Unllimited LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

M SIMMONS

MAY 0 9 2019

Electronic Filing Meau — Corporate Filing Menu

Help

Unlimited LLC is correct and the spelling is intended.

Matt Singam

From:

limitedonline@dos.state.fl.us

Sent:

Tuesday, May 7, 2019 9:18 AM

DL-Onlinefilings

To: Subject:

Corporate Filing - 900328667349

Document Number: W19000844221 Entity Name: UNLUMITED LLC Tracking Number: 900328667349

Pin Number: 7349

We received your online transmitted document. However, the document has not been filed for the following:

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org http://www.sunbiz.org and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call ---

MAXWELL CONWAY OPS Clerk **New Filings**

Letter Number: 190507101817-900328667349

COMER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Unllimited LUC		
JOBJEC		Limited Liabil	ity Company
The encl	osed Articles of Organization and fee(s) are submitted	for filing.
Please re	turn all correspondence concerning this	matter to the	ollowing:
	Cheyenne Moseley, Legalzoom.cor	n, Inc.	
	-	Name of	Person
	Legalzoom.com, inc.		
		Firm/Co	mpeny
	101 N. Brand Blvd., 10th Floor		
		Λddr	ess
	Glendale, CA 91203		
	onlinefilings@Legalzoom.com	City/State on	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	r information concerning this matter, ple	ease call:	
	Cheyenne Moseley	323	962-8600 ext. 7625
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
<u>]</u> \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & \$160.00 Filing Fee, cd Copy cl copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

.,

AKIICLESC	M ORGANIZATIONE	OKTEORIUM EMITTANTA	ABILITI CONTINUT
ARTICLE I - Name:			
The name of the Limited Liabil	ity Company is:		
Unttimited LLC			
(Must end	i with the words "Lim	nited Liability Company, "	L.L.C.," or "UUC.")
ARTICLE II - Address:			
The mailing address and street	address of the princip	al office of the Limited Li	ability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
520 Riverwood Dr			
Crestview, FL 3253	36		
ARTICLE III - Registered A			
			u must designate an individual or
mother business entity with an	i active Ptortua registi	ration.)	
The name and the Florida stree	e addrace of the regist	anul noon are:	
The name and the Florida stree	t address of the resist	cred agent are.	
	United States Co	rporation Agents, Inc.	
		Name	
	13302 Winding (Oak Court, Suite A	
		dress (P.O. Box NOT acco	eptable)
	Tampa	Florida	33612

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

\$

To:	Pa	ge 6	3 of 6	•	

**MGR* = Manager **AMBR Rachel Jacqueline McMillion 520 Riverwood Dr Crestview, FL 32536 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) (If an effective date in listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree feltony as provided for in s1817.155, F.S.		R" = Authorized Member	Name and Address:		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State			Packal Incovaling Max Gillian		
Crestview, FL 32536 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State	Alvib	K.	S20 Discounced De		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 505.0203 (1) (b), Florida Statutes, I am aware that any filials information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	(Usc a	ttachment if necessary)			
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	ARTICLE V: E	Effective date, if other than the	date of filing:(OPTIONAL)		
Note: If the date inserted in this block does not meet the applicable statutory fiting requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	(If an effective o	date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days after		
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
REQUIRED SIGNATURE: Signature of a member or an nuthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	the document's	errective date on the Departm	ent of State's records.		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	ARTICLE VI: 0	Other provisions, if any.			
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information submitted in a document to the Department of State					
This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	REOU	<u>IIRED</u> SIGNATURE:	Chil		
This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information submitted in a document to the Department of State		Signature of a	member or an authorized representative of a member		
I am aware that any false information submitted in a document to the Department of State		This document is ex	ecuted in accordance with section 605,0203 (1) (b), Florida Statutes.		
		I am aware that any i	false information submitted in a document to the Department of State		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Cheyenne Moseley, Legalzoom.com, Inc.
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)