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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
		_
(Bu	usiness Entity Name	e)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
		-
Special Instructions to	Filing Officer:	
		}
		}





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COVER LETTER

	Filing Section ion of Corporations			
SUBJECT:	UNIQUELY	ENZPY	ズ 込 nited Liability Company	
		Name of Lin	nited Liability Company	
The enclosed A	Articles of Organizatio	on and fee(s) are	submitted for filing.	
Please return a	ill correspondence cor	ncerning this ma	itter to the following:	
	C)2 <u>6</u> (C .]	Name of Person	<u>.</u>
_	ONIQU	ELY EN	EPY'RD Firm/Company	
	250	ac Alast	· · ·	
	<u></u>	SE PCHAI	Address	
	11820	@ YAHOO.	ity/State and Zip Code Com for future annual report notificati	
For further infor	mation concerning th	is matter, please	eall:	
0 ż	eu Jones I	at (ځ	501) 5,33 - 4408 rea Code Daytime Telephon	
	Name of Person	Aı	rea Code — Daytime Telephon	e Number
Enclosed is a c	check for the following	g amount:		
□\$125 00 Fit		00 Filing Fee & ste of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, F1, 3230	et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

UNIQUECY ENZPY' Offust contain the words "Limited Liabil	Rb LLC
Must contain the words "Limited Liabil	ity Company, "L.E.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office of	of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
Principal Office Address: 358 SE PLANT ST LAKE CITY, FL 32025	Mailing Address:

The name and the Florida street address of the registered agent are.

DZECC JOHES JR Name 358 SE PLANT ST Florida street address (P.O. Box NOT acceptable) LAKE City FC 32025
City State

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. Thereby 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

•				
A	RT	и п	F,	IV.

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBL	OZECC JONES JR 358 SC PLANT ST LAKE CITY, FC 32025
<u>AMBL</u>	BEERLY C. GEORGE- JONES 358 SE PLANT ST LAKE CITY, FL 32025
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	<u>/ </u>
	mbyr or an authorized representative of a member.

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.

Ozell Jones ja Typed or printed name of signee

Filing Fees:

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

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

2020 Aug - 3 PM 4: 45