

L21000375246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/21/21--01013--007 **155.00

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21 JUL 29 PM 12:43
SECURITY
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AUG 21 2021

W21-104193



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2021

PATRICIA HARTFIELD
YOU-NIQUE BODY SPA
4651 BABCOCK ST NE UNIT 18 #324
PALM BAY, FL 32905

SUBJECT: YOU-NIQUE BODY SPA, LLC
Ref. Number: W21000104193

21 JUL 29 PM 12:43
MAIL ROOM
TALLAHASSEE, FL 32304

Authorized
Member
Done

We have received your document for YOU-NIQUE BODY SPA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~Please complete Article IV.~~ Most financial institutions require that the person opening an account be listed in this section as a authorized member or manager.

Done 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 921A00017132

2021 JUL 29 PM 12:15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: You-Nique Body Spa
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Hartfield
Name of Person

You-Nique Body Spa
Firm/Company

4651 Babcock St NE Unit 18 # 324
Address

Palm Bay, FL 32905
City/State and Zip Code

pathartfield@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Hartfield (321) 271-5823
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate 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 Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

You-Nique Body Spa, 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:

4651 Babcock St NE
Unit 18 # 324
Palm Bay, FL 32905

Mailing Address:

4651 Babcock St NE
Unit 18 # 324
Palm Bay, FL 32905

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:

Patricia Hartfield
Name

4651 Babcock St NE Unit 18 # 324
Florida street address (P.O. Box **NOT** acceptable)
Palm Bay FL 32905
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..

Patricia Hartfield
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

X AMBR

Name and Address:

X Patricia Hartfield
4651 Babcock St NE Unit 18 #324
Palm Bay, FL 32905

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

September 1st 2021 (OPTIONAL)

(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 as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

You-Nique Body Spa is a (Non-Invasive)
Detox business- which also implements Health
and Wellness guidance and Support Methods

REQUIRED SIGNATURE:

Patricia Hartfield

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 felony as provided for in s.817.155, F.S.

Patricia Hartfield

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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2020 SEP 10 PM 12:43
TALLAHASSEE, FLORIDA