

L21000465235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

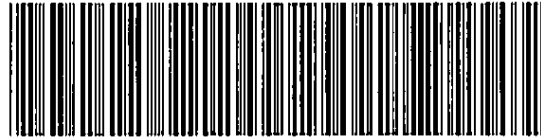
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2021 OCT 27 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 OCT 26 PM 3: 31

ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$125.00

Authorized Signature: _____

Unique Living LLC
Corporation Name

Document Number, (if known):

___ Certified copy of original Articles of Incorporation

___ Certificate of Status

___ Pick up time _____

___ Will wait

NEW FILINGS

___ Profit
___ Not for Profit

X Limited Liability
___ Domestication
___ Other
___ CORP

AMMENDMENTS

___ Amendment
___ Resignation of R.A.
Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Correction

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2021

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: UNIQUE LIVING LLC
Ref. Number: W21000141334

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 321A00026093

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TALLAHASSEE, FLORIDA

2021 OCT 27 PM 3:55

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JComfort LLC
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:

Josue Espinoza
Name of Person

JComfort LLC
Firm/Company

1150 W 79th St. Apt 205A
Address

Hialeah, Florida 33014
City/State and Zip Code

josuee406@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Lura Barua 888 650-3738
Name of Person at () 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:

JComfort 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:

1150 W 79th St. Apt 205A

Hialeah, Florida 33014

Mailing Address:

1150 W 79th St. Apt 205A

Hialeah, Florida 33014

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:

Josue David Espinoza

Name

1150 W 79th St. Apt 205A

Florida street address (P.O. Box **NOT** acceptable)

Hialeah

Florida

33014

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)

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