(Requestor's Name	e)				
(Address)					
(Address)					
(City/State/Zip/Pho	one #)				
PICK-UP WAIT	☐ MAIL				
(Business Entity N	ame)				
(Document Number)					
Certified Copies Certificat	es of Status				
Special Instructions to Filing Officer:					
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FILED

D. O'KEEFE MAY 2 4 2022

COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: D Un	ique Transportation
SO BUILTI	Name of Limited Liability Company
The enclosed Articles of	Organization and fee(s) are submitted for filing.
Please return all correspond	ondence concerning this matter to the following:
	Dominique Tillman Name of Person
	Durique Transportation LLC Firm/Company
	C. S. ASDICY Drive Scatc # LOUCY Address
	Tamper Fl. 33402 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for fully e annual report notification)
	incerning this matter, please call:
<u> 13:11</u>	1 Haure a1 813, 575-1161
Nan	e of Person Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certificate of Status &

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			F11				
А	ĸ	i l	t.L	.t.	1 -	Na	me:

The name of the Limited Liability Company is:

D Unique Transportation として.

(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:

100 S. Ashley Dr. Suite 600

100 S. Ashley Dr Suite 600

Tampa florida

Tampa florida 33602

100 S. Ashley Dr. Suite 600, Tampa, florida 33602

100 S. Ashley Dr. Suite 600, Tampa , florida 33602

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:

Registered Agents Inc.

Nami

7901 4th St N STE 300

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

St. Petersburg

FL

33702

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)

2022 APR 29 PM 7: 48

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Manager		
Manager		
Member	Dominique Tillman	
- Interriber	• • • • • • • • • • • • • • • • • • •	
	100 S. Ashley Dr.	
	Tampa FL 33602	<u></u>
Member	Dominique Tillman	AR AR T
	100 S. Ashley Or.	
	Tampa FL 33602	<u>0 </u>
		mo n II
		무 그
(Use attachment if necessary)		FLOR
		~ <u>~</u>
RTICLE V: Effective date, if other than the c		(OPTIORORL) 😄
f an effective date is listed, the date must be	specific and cannot be more than five b	usiness days priör to or 90 days afte
e date of filing.)		
ote: If the date inserted in this block does n		uirements, this date will not be listed
ne document's effective date on the Departme	ent of State's records	
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	,	
	Tellen	
	member or an authorized representativ	
This document is ex-	ecuted in accordance with section 605.020)3 (1) (b), Florida Statutes.
I am aware that any I constitutes a third de	alse information submitted in a document gree felony as provided for in s.817.155. I	to the Department of State F.S.
imaCi	nique Tillman	
	Typed or printed name of signee	

as

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)