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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/17/22

NAME: UNIQTME MATERNAL & INFANT HEALTH CONULTING LLC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a+hodge

COVER LETTER

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

SUBJECT: Uniqtime Maternal & Infant Health Consulting 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:

Marly Magalhaes

Name of Person

Vitrine Corp

Firm/Company

830 NW 156 Ave

Address

Pembroke Pines, FL 33028

City/State and Zip Code

marly.magalhaes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marly Magalhaes

954

673-1974

at ()

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:

Uniqtime Maternal & Infant Health Consulting 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:

Elimara Araujo Medeiros

3615 NE 207th St Apt 3115

Aventura, FL 33180

Mailing Address:

Elimara Araujo Medeiros

3615 NE 207th St Apt 3115

Aventura, FL 33180

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:

Marly Magalhaes

Name

830 NW 156 Ave

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

Pembroke Pines

FL

33028

City

State

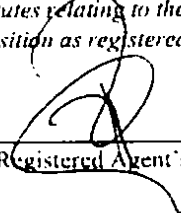
Zip

SECRETARY OF STATE
TALLAHASSEE, FL

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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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Elimara Araujo Medeiros
3615 NE 207th St Apt 3115
Aventura, FL 33180

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TALLAHASSEE, FL

(Use attachment if necessary)

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

The purpose of Uniquime Maternal & Infant Health Consulting LLC is to operate and conduct all business activities legally permitted in the state of Florida.

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

Marly Magalhaes

Typed or printed name of signer