

L23000120478

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

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FALLAH ASSISTANT

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Please return to:

Arcedra Johnson  
(New Filings)

Thank you!

Please Note: The LLC Below was Rejected in March 2021 but now  
The name is available and the Fees paid back in 2021. Attached  
a copy of the sunbiz file

COVER LETTER

TO: New Filing Section  
Division of Corporations

\* W 21000003193

SUBJECT: UNIQUE Tradiings 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:

Hani MikRaiL  
Name of Person

UNIQUE Tradiings  
Firm/Company

343 Vista Oak Dr  
Address

Long Wood, FL 32779  
City/State and Zip Code

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

For further information concerning this matter, please call:

Hani MikRaiL at 407 728 1151  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unique Trading 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:

Mailing Address:

Hani Mikhail  
343 Vista Oak Dr  
Longwood, FL 32779

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Hani Mikhail  
Name  
343 Vista Oak Dr  
Florida street address (P.O. Box **NOT** acceptable)  
Longwood, FL 32779  
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

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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

MGR

**Name and Address:**

Christine Cheuka  
343 VISTA OAK DR  
Longwood, FL 32779

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/15/2023 (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

[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.

Hani Mikheil

Typed or printed name of signee

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CLERK OF THE  
DEPARTMENT OF  
STATE

**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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Unique Tradings LLC

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Documents   No Name History

Search by Entity Name

Initial Filing  
UNIQUE TRADINGS LLC

Entity Information

Entity Number                      W21000031984  
Filing Date                          03/09/2021  
Filing at Usual Time                Y  
Filing Fee                            00.00  
Related Document Number  
Entity Type  
Owner 3y                            HANI MIKHAIL  
Address  
10001 STA OAK DR  
TALLAHASSEE, FL 32379

Document Images

Document images are available for this filing.

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TALLAHASSEE, FL 32399

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3/15/23 DEPOSITS/PAYMENTS DETAIL SCREEN 4:51 PM  
 DEPOSIT NUMBER : 01/23/20 61564 018 DEPOSIT TYPE : COR  
 ACCOUNT NUMBER : DEPOSIT AMOUNT : 126.42  
 USER ID : WEBCOR DEPOSIT BALANCE: 0.00  
 DEBIT MEMO DATE: VOID DATE :  
 TRACKING NUMBER: 400339598894 DOCUMENT NUMBER: W20000009676  
 REQUESTOR : LEDGER DATE : 01/23/20  
 SUB ACCT NUMBER:

| CATEGORY | DESCRIPTION          | AMOUNT |
|----------|----------------------|--------|
| CERT     | CERTIFICATION        | 5.00   |
| CF       | ALL CORP FILING FEES | 121.42 |

+ NEXT, - PREV, 1. MENU, 2. FILING  
 7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

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