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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:	
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FLORIDA LIMITED LIABILITY CO. UNIQUE MASTER SERVICES L.L.C

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
UNIQUE MASTER SERVICES L.L.C		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability	<u> </u>
621 E 37 th ST Hial EAR FL 33013		
		_
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited! Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) CRESTIAN MONDE JA COLINA	2024 NOV	77
621 E 17th ST Hinley FL 33013	19 PH	_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	STATE STATE	- كي
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)	ed	-
CRISTEAN HONDERA COLINA (AMBR)		
		•

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

CRESTEAN MONDERA COLINA

Typed or printed name of signee

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)

SECRETAGE DE STATE