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(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
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DIVISION OF THE SECRETARY

24 August 2007

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

SUBJECT: Uniquity Designs, LLC

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, "Certificate of Existence", and "a check" in the amount of \$ 125.00 filing fee are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laura N. Kaufman Uniquity Designs, LLC 4155 Drakeswood Circle Sarasota, FL 34232

For further information concerning this matter, please call:

Laura N. Kaufman at (941) 377-4630

Sincerely,

Laura N. Kaufman

Sawa ! Kaufman

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ER A .	FOREIGN
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	.")	
(INIQUITY T)ESIGN, LLC		_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a conconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limit	y of tl	ne written
Company," "L.L.C.," "LLC.")	Ju Diu	onity
2. State OF GEORGIA 3. 13-4266954		
2. JATE OF JEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4. 10/10/2003 5. TERNETUAL (Duration: Year limited liability company will describe the second	_	
(Date of Organization) (Duration, Year limited liability company will exist or "perpetual")	ease t	0
4/		9
6. (Date first transacted business in Florida, if prior to registration.)	9-	<u>}</u> SE(
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	AUG	155 155 155 155 155 155 155 155 155 155
7. 4/33 /XAKESWOOD CIRCIE	<u>~</u> _	그렇고
SARASOFA, FL 34232 (Street Address of Principal Office)	70	: 2
(Street Address of Principal Office)	<u> </u>	
	္	
8. If limited liability company is a manager-managed company, check here	94	Ξm
9. The name and, usual business addresses of the managing members or managers are as follows:		•
LAURA N. KAUFMAN		_
4155 DRAKESWOOD CIRCLE		
		_
SARASOTA, FL 34232		-
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust	adv of	records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	guage,	a
translation of the certificate under oath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida:		
		_
INTERIOR DECORATING SERVICE		<u></u> .
Law Do Law man		
Signature of a member or an authorized representative of a member.		
(In accordance with section 608.408(3), F.S., the execution of this document constitutes		
an affirmation under the penalties of perjury that the facts stated herein are true.)		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name and the Florida street address of the registered agent and office are: AURA N. HAUFMAN (Name) HISS DAKE SLOW CIRCLE Florida Street Address (P.O. Box NOT ACCEPTABLE) SURASO HA FL 34232 City/State/Zip
2. The name and the Florida street address of the registered agent and office are: AURA HAUFMAN (Name)
2. The name and the Florida street address of the registered agent and office are: AURA HAUFMAN (Name)
2. The name and the Florida street address of the registered agent and office are: AURA HAUFMAN (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE) City/State/Zip
SARASO FA FL 34232 City/State/Zip
SARASO FA FL 34232 City/State/Zip
Having been named as registered agent and to accept agent agent as for a large to the large to t
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 608, Florida Statutes.

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00 \$ 30.00

5.00

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

UNIQUITY DESIGNS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 10/10/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of August, 2007

Karen C Handel Secretary of State

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Certification Number: 1568701-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp