

M15000007713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

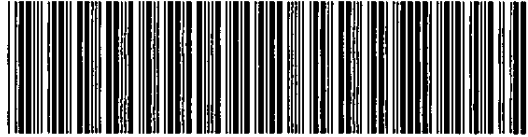
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 24 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2015 SEP 24 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 28 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two Amigos LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:

BRIAN MCKINNON
Name of Person
UNISSET Company
Firm/Company
449 Avenue A
Address
ROCHESTER, N.Y. 14621
City/State and Zip Code
bmcinnon@unisetcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN MCKINNON at (585) 544-3820
Name of Contact Person Area Code Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

BRIAN MCKINNON
449 AVENUE A
ROCHESTER, NY 14621

SUBJECT: UNISSET LLC
Ref. Number: W15000056965

2015 SEP 24 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

We have received your document for UNISSET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00019088



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2015

BRIAN MCKINNON
449 AVENUE A
ROCHESTER, NY 14621

SUBJECT: TWO AMIGOS LLC
Ref. Number: W15000056965

FILED
2015 SEP 24 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for TWO AMIGOS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L11000121179.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00018105

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. UNISET LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company" or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4342991
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 449 AVENUE A
ROCHESTER N.Y. 14621
(Street Address of Principal Office)

6. 449 AVENUE A
ROCHESTER N.Y. 14621
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL DEMMLER

Office Address: 476 ISLAND CIRCLE

SARASOTA, Florida 34242
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

BRIAN MCKINNON, MANAGER
449 AVENUE A
ROCHESTER N.Y. 14621

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

BRIAN MCKINNON
Typed or printed name of signee

2015 SEP 24 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that TWO AMIGOS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/23/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to UNISSET LLC was filed on 08/07/2015.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 27th day of August
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State