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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : AGENTS AND CORPORATIONS,
Account Number : 120610000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

FILED
APR - 7 PM 2 59
STATE OF FLORIDA
TALLAHASSEE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
UNOTIFI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

2020 APR - 7 PM 4:15

APR 08 2020

T. LEMIEUX

A200001037503

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

IN COMPLIANCE WITH SECTION 605.08(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. UNOTH LLC

Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.P.C."

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

2. DELAWARE

(The address under the law of which laws, a limited liability company is organized)

3. 84 - 4941392

(Tax number, if applicable)

UPON QUALIFICATION

(If a firm has been organized in Florida, it must be registered.)
(See sections 605.08(1) & 605.08(2), F.S., to determine penalty liability.)

1115 Gunn Highway

1115 Gunn Highway

5. (Street Address) Suite 101

6. (Street Address) Suite 101

Odessa, FL 33556

Odessa, FL 33556

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

Name: AGENTS AND CORPORATIONS, INC.
Office Address: 300 FIFTH AVENUE SOUTH STE 101-330
NAPLES, Florida 34102
(City) (State) (Zip code)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 APR - 7 PM 2

FILED

Registered agent's acceptance:

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 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.

By: Agents and Corporations, Inc.
Jeanette LaVecchia, Asst. Secretary
JEANETTE LA VECCHIA, ASST. SECRETARY

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Michael Ciaglia</u>	☐ Manager	Name: _____
☐ Member	Address: <u>1115 Gann Highway</u>	☐ Member	Address: _____
	<u>Suite 101</u>	☐ Authorized	_____
☐ Authorized	_____	☐ Person	_____
Person	<u>Odessa, FL 33556</u>	☐ Other	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	☐ Person	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	☐ Person	_____
☐ Other	_____	☐ Other	_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.)

10. 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.

 Signature of an authorized person
 Michael Ciaglia
 Typed or printed name of officer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNOTIFI LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNOTIFI LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7879366 8300

SR# 20202657102

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Authentication: 202729138

Date: 04-07-20