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M. SOLOMON AUG - 7 2023

W23-85637

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Unique Saion (IN CIFIGE SHOLES LLC of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Control Existence, and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida.' eferenced foreign limited liability company to transact busing	Certificate of ness in Florida.
Please return all correspondence concerning this matter to	Name of Person ACTOGE Firm/Company	<u>'</u>
4031 Northeid NorCross, G	Address ENGIA 30093 Ty/State and Zip Code	202 AUS -2
E-mail address: (to be	used for future innual report notification)	
For further information concerning this matter, please call: ALK Name of Contact Person	at (770) 709 - 2318 Area Code Daytime Telephone Number	10: 58 STATE LORID/
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗹 \$160.00 Filing Fee,	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABIL	ΠY	
Mame of Foreign Limited Liability Company; must include "Limited Liability Company," LL.C., or "LLC."		
(If name unavailable, goter observate name adopted for the purpose of transacting business in Florida. The alternate name must tockule "Limited Liability Company." "L.L.C." or "LLC.")		
2. (Jurisdiction under the law of thich foreign lamited liability or injusty is organized) 3. (Fit number, if applicable)		
4 (Date first transacted business in Florida Memoria and		
(Date first unesacted business in Flunds, if prior to registration.) (Nee sections 605,0904 & 605,0905, F.S. to determine penalty liability)		
5. 103/ Withright Chile Suth Color Land Suite 5 6 (Mailing Address)		
NUR CRUSS GA 300 B		
		2023
) Ju
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	388 787	-2
at only	3.5 3.0	₽
Name: Archor Shokey	5.5 S.5 S.5 S.5 S.5 S.5 S.5 S.5 S.5 S.5	<u>ö</u>
Office Address: 12/ Uelveteen Place	<u> 관취</u>	: 58
Chulvota		
(City) (Zip code)		
Registered agent's acceptance:		
laving been named as registered agent and to accept service of process for the above stated limited liability company at the place esignated 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 to		
o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.		

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]: Title or Capacity: Title or Capacity: Manager | Manager Name: ☑Member □Member □Authorized ☐ Authorized Person Person □Other _ **Ć** □Other_ □Other ____ □Other____ □Manager □ Manager Name: _____ ☐ Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person ☐Other_____ □ Other ☐Other____ ☐Other____ Name: □ Manager ☐ Manager Name: Address: Address: ☐ Member □Member □ Authorized □ Authorized Person Person Other_ □Other_____ □Other □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Control Number: 22049044

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Unique Senior Concierge Services LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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.

> Docket Number : 25683102 Date Inc/Auth/Filed: 02/25/2022 Jurisdiction : Georgia Print Date : 08/02/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State June 19, 2023

MS. DAWAYNA CLARK 4031 NORTHRIDGE WAY APT 5 NORCROSS, GA 30093 US

SUBJECT: UNIQUE SENIOR CONCIERGE SERVICES LLC

Ref. Number: W23000085637

We have received your document for UNIQUE SENIOR CONCIERGE SERVICES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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.

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

Ariel Jones Regulatory Specialist II

www.sunbiz.org

Letter Number: 723A00013856