

L23000120478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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23 FEB 72 AM 10:19

SECRETARY OF THE
FALL ASBEST. IN CO.

MAILROOM

2022 FEB 23 PM 12:31

Add to COR

✓

Please validate

Add to Cert.

Reprint scan sheet

✓

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SECRETARY OF JUSTICE
FALLAH ASSOCIATES, LLC

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Please return to:

Arcedra Johnson

(New Filings)

Thank you!

Please Note: The LLC Below was Rejected in March 2021 but now
The name is available and the Fees paid back in 2021. Attached
a copy of the sunbiz file

COVER LETTER

TO: New Filing Section
Division of Corporations

* W 21000003193

SUBJECT: UNIQUE Tradiings LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hani MikRaiL
Name of Person

UNIQUE Tradiings
Firm/Company

343 Vista Oak Dr
Address

Long Wood, FL 32779
City/State and Zip Code

HanimikRaiL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hani MikRaiL at (407) 728 1151
Name of Person Area Code Daytime Telephone Number

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
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

23 FEB 22 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unique Trading LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Hani Mikhail
343 Vista Oak Dr
Longwood, FL 32779

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Hani Mikhail
Name
343 Vista Oak Dr
Florida street address (P.O. Box **NOT** acceptable)
Longwood, FL 32779
City State Zip

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF SEMINOLE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Christine Cheuka
343 VISTA OAK DR
Longwood, FL 32779

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/15/2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

[Signature]

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

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.

Hani Mikheil

Typed or printed name of signee

FILED
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CLERK OF THE
DEPARTMENT OF
STATE

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Documents No Name History

Search by Entity Name

Unique Filings
Unique TRADINGS LLC

Information

Document Number W21000031984
Filing Date 03/09/2021
Filed at Usual Time Y
Filing Fee 00.00
Related Document Number
Document Type
Owner HANI MIKHAIL
Address
10001 STA OAK DR
TALLAHASSEE, FL 32379

Document Images

Document Images are available for this filing.

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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3/15/23 DEPOSITS/PAYMENTS DETAIL SCREEN 4:51 PM
DEPOSIT NUMBER : 01/23/20 61564 018 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 126.42
USER ID : WEBCOR DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 400339598894 DOCUMENT NUMBER: W20000009676
REQUESTOR : LEDGER DATE : 01/23/20
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
CERT	CERTIFICATION	5.00
CF	ALL CORP FILING FEES	121.42

+ NEXT, - PREV, 1. MENU, 2. FILING
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA