

PO9000098891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

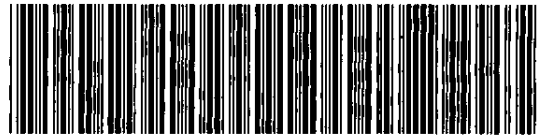
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12-08-09  
702

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: UNIQUE Creations UNISex Salon Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: Charquilla Lee  
Name (Printed or typed)

8041 NW 20<sup>th</sup> Ct.  
Address

~~804~~ Sunrise, FL 33322  
City, State & Zip

954 560-1109  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **UNIQUE Creations UNISEX Salon Corporation**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **8041 NW 20<sup>th</sup> Ct Sunrise, Fl 33322**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **For a unisex salon that caters to men, women, and children.**

ARTICLE IV SHARES

The number of shares of stock is: **10,000 Authorized, 100 Issued at \$1.00 per share**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

- Charquilla Lee 8041 NW 20<sup>th</sup> Ct  
Sunrise Fl 33322**
- Shatory Gill 540 NW 4<sup>th</sup> Ave Apt 803  
Fort Lauderdale Fl 33311**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**Charquilla Lee  
8041 NW 20<sup>th</sup> Ct  
Sunrise Fl 33322**

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Shatory Gill 540 NW 4<sup>th</sup> Ave Apt 803  
Fort Lauderdale Fl 33311**

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Charquilla Lee  
Signature/Registered Agent

12/04/09  
Date

Shatory Gill  
Signature/Incorporator

12/04/09  
Date