

FC9000003483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

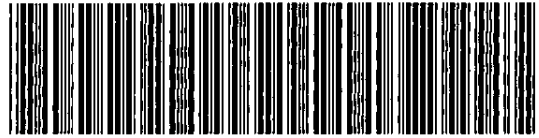
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** UNIQUE INNOVATIONS SALES AND MARKETING INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHUONG NGUYEN

Name of Person

LAW OFFICES OF ANDREW J. PRENDIVILLE, APC

Firm/Company

16480 HARBOR BLVD., SUITE 102

Address

FOUNTAIN VALLEY, CA 92708

City/State and Zip code

hldelay4@uisminc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phuong Nguyen

Name of Person

at ( 714 ) 534-8015

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**1. UNIQUE INNOVATIONS SALES AND MARKETING INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**UNIQUE INNOVATIONS MANAGEMENT INC.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. WYOMING**

(State or country under the law of which it is incorporated)

**3. 26-1752479**

(FEI number, if applicable)

**4. JANUARY 7, 2008**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 1173 MANETTE CIR, HOLLY HILL, FL 32117**

(Principal office address)

**1173 MANETTE CIR, HOLLY HILL, FL 32117**

(Current mailing address)

**8. ANY LAWFUL BUSINESS ACTIVITY**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **DAVID ROBERTS**

Office Address: **1173 MANETTE CIR**

**HOLLY HILL**

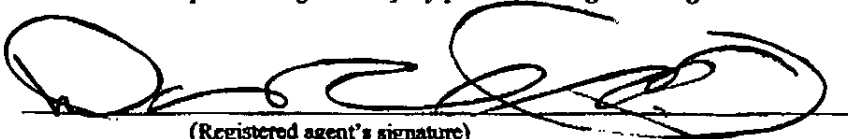
(City)

, Florida **32117**

(Zip code)

**10. 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.*



(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Chairman: DAVID ROBERTS

Address: 1173 MANETTE CIR, HOLLY HILL, FL 32117

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: DAVID ROBERTS

Address: 1173 MANETTE CIR, HOLLY HILL, FL 32117

Vice President: DAVID ROBERTS

Address: 1173 MANETTE CIR, HOLLY HILL, FL 32117

Secretary: HARDY DELAY IV

Address: 1173 MANETTE CIR, HOLLY HILL, FL 32117

Treasurer: DAVID ROBERTS

Address: 1173 MANETTE CIR, HOLLY HILL, FL 32117

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. DAVID ROBERTS

(Typed or printed name and capacity of person signing application)

APPROVED  
AND  
FILED

**STATE OF WYOMING**  
**Office of the Secretary of State** 09 AUG 31 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**UNIQUE INNOVATIONS SALES AND MARKETING INC.**

is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 7, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000548626**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of August, 2009 at 4:51 PM. This certificate is assigned 005901521.



*Max Maxfield*  
Secretary of State