N0500000 7971

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| · | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Dubinoso Lilay Haino) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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2005 AUG -4 PM 4: 49
SECRETARY OF STATE

RECEIVED

05 AUG -4 PM 4: 32

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TRANSMITTAL LETTER

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

Enclosed is 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

ADDITIONAL COPY REQUIRED

Tennessee St., Ste. 276

See FL 32304

City, State & Zip

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I NAME | FILED |
|---|---|
| The name of the corporation shall be: Unity | Conferences, Inc. 2005 AUG-4 PM 4:48 |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of t 212 | 1 W. Tennessee St., Ste. 216 |
| ta | Mahassee, Florida 32314 |
| The purpose for which the corporation is organized is: | To connect people face-to-factunities to bring about and restoration of values |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appoint elected by majority vote at annual meetings. | ted: |
| List name(s), address(es) and specific title(s): (1) Karen Wells, DLinda Horesident/CEO Chairper P.O. Box 5755 P.O. Box Tallahassue, FL 32314 Quincy | arris 3 Jo Anne Cunningham (4) Frasks son Secretary Treasure 1799 1408 Eleanor Dr. 1501 Valla |
| ARTICLE VI INITIAL REGISTERED AGENT The name and Florida street address (P.O. Box NOT Caren 2121 | AND STREET ADDRESS |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | ren L. Wells Box 5755 Ulahassee, FL 32304 |
| ************** | *********** |
| Having been named as registered agent to accept service of pro- in this certificate, I am familiar with and accept the appointment | t as registered agent and agree to act in this capacity. |
| Karen L. Wells | 8-4-05 |
| Signature/Registered Agent | Date |
| Karen L'Wells | 8-4-05 |
| Signature/Incorporator | Date |