

N120000009452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

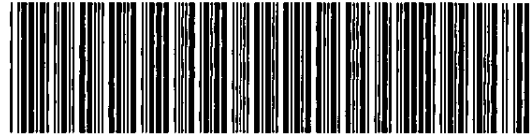
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100239344651

09/11/12--01009--014 \*\*78.75

FILED

12 OCT -3 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
10/4/12

## COVER LETTER

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

SUBJECT: One Unique Transition, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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**

FROM: Margaret DeBellotte-Torres  
Name (Printed or typed)

402 E Palm Ave  
Address

Tampa, FL 33602  
City, State & Zip

704-277-8714  
Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 OCT -3 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 12, 2012

MARGARET DEBELLOTTE-TORRES  
402 E PALM AVE  
TAMPA, FL 33602

SUBJECT: A UNIQUE TRANSITION, INCORPORATED  
Ref. Number: W12000047120

We have received your document for A UNIQUE TRANSITION, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00023002

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

**12 OCT -3 AM 11:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I NAME**

The name of the corporation shall be: One Unique Transition, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
402 E Palm Ave  
Tampa, FL 33602

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of One Unique Transition, Inc. is to provide transition solutions that support public safety and unification of the family. As an organization the focus is on supportive and affordable housing solutions for ex-offenders. One Unique Transition, Inc. intends to offer referrals and in-house programs for purposeful engagement to both the ex-offender and their families.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors are appointed by the board in a majority voting manner.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Margaret DeBellotte-Torres, Chairman</u>	Name and Title: <u>Tonia Becton, Executive Director</u>
Address: <u>402 E Palm Ave</u>	Address: <u>90 Oliver Ave</u>
<u>Tampa, FL 33602</u>	<u>Valley Stream, NY 11580</u>

Name and Title: Amber Pappas,  
Address: Communications Director  
917 Knowles Rd  
Brandon, FL 33511

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

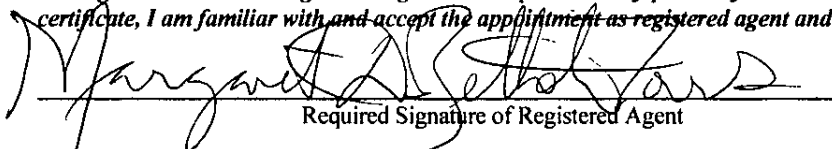
Name: Margaret DeBellotte-Torres  
Address: 402 E Palm Ave  
Tampa, FL 33602

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Margaret DeBellotte-Torres  
Address: 402 E Palm Ave  
Tampa, FL 33602

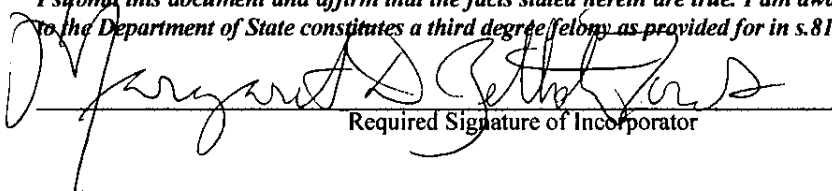
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

10-01-12

Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
Required Signature of Incorporator

10-01-12

Date