

N13000000317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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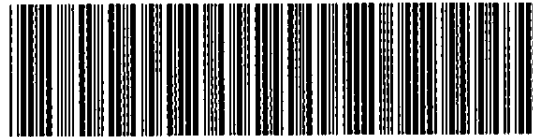
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JAN 10 PM 12:02
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FILED
13 JAN 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

κ 01/16/13

COVER LETTER

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

SUBJECT: Unique Wonders, Corp.
(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: Rochelle Patricia Johnson
Name (Printed or typed)

3535 Roberts Avenue #164
Address

Tallahassee, Florida 32310
City, State & Zip

850-727-9638
Daytime Telephone number

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

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

1/10/13

CORPORATE DETAIL RECORD SCREEN

12:10 PM

NUM: L12000096570 ST:FL ACTIVE/FL LIM LIAB FLD: 07/26/2012
TOTAL CONTR: 0.00

NAME : UNIQUE WONDERS, L.L.C.
PRINCIPAL: 3535 ROBERTS AVE. LOT #164
ADDRESS TALLAHASSEE, FL 32310
RA NAME : FOWLER JOHNSON, ROCHELLE
RA ADDR : 3535 ROBERTS AVE. LOT #164
TALLAHASSEE, FL 32310 US
ANN REP : * NONE FILED *

1/10/13

MANAGER/MEMBER DETAIL SCREEN

12:10 PM

CORP NUMBER: L12000096570 CORP NAME: UNIQUE WONDERS, L.L.C.
TITLE: MGRM NAME: JOHNSON, ROCHELLE

3535 ROBERTS AVE. LOT #164
TALLAHASSEE, FL 32310

TITLE: MGR NAME: JOHNSON, WILLIE
3535 ROBERTS AVE. LOT #164
TALLAHASSEE, FL 32310

*I, Rochelle Johnson is the Managing Member of Unique Wonders, LLC
and I am aware that I am opening a non-profit with the
same name.*

Rochelle Johnson
01/10/2013

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Unique Wonders, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3535 Roberts Avenue #1164
Tallahassee, Florida 32310

3535 Roberts Avenue #1164
Tallahassee, Florida 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Unique Wonders, Corp. is organized to exclusively for the prevention of cruelty to children & animals, Foster National & international amateur sports competition, Educational, and Charitable purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rochelle P. Johnson D</u>	Name and Title: _____
Address: <u>3535 Roberts Avenue</u>	Address: _____
<u>#1164</u>	_____
<u>Tallahassee, Florida 32310</u>	_____

Name and Title: <u>Willie P. Johnson, Jr. D</u>	Name and Title: _____
Address: <u>3535 Roberts Avenue</u>	Address: _____
<u>#1164</u>	_____
<u>Tallahassee, Florida 32310</u>	_____

Name and Title: <u>Ryan P. Johnson D</u>	Name and Title: _____
Address: <u>3535 Roberts Avenue</u>	Address: _____
<u>#1164</u>	_____
<u>Tallahassee, Florida 32310</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Rochelle Patricia Johnson
Address: 3535 Roberts Avenue
#1164
Tallahassee, Florida 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rochelle Patricia Johnson
Address: 3535 Roberts Avenue
#1164
Tallahassee, Florida 32310

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.

Rochelle Johnson
Required Signature of Registered Agent

01/10/2013
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.

Rochelle Johnson
Required Signature of Incorporator

01/10/2013
Date

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TALLAHASSEE FLORIDA