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TRANSMITTAL LETTER

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

000003149510--4
-02/28/00--01106--001
*****78.75 *****78.75

SUBJECT:

UNWIRED, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

VLADIMIR DORTA

Name (Printed or typed)

1550 BRICKELL AVE., APT. 312B

Address

MIAMI, FL 33129

City, State & Zip

305-374-4742

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 28 AM 8:49

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

B. McKnight MAR 07 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

UNWIRED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9600 NW 25th Street, Suite 3D, Miami, FL 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred (100) shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Vladimir Dorta, 1550 Brickell Avenue, Apartment 312B, Miami, FL 33129.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Vladimir Dorta, 1550 Brickell Avenue, Apartment 312B, Miami, FL 33129.

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Signature/Incorporator

02/23/00

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

02/23/00

Date