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TRANSMITTAL LETTER

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

000003962920--9
-04/06/01--01073--011
*****79.00 *****79.00

SUBJECT: Unique Title & Investments, 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: Michelle Medizavilla
Name (Printed or typed)

401 Golden Isles Drive
Address

Hallandale #1 33009
City, State & Zip

(784) 271-4092
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR -6 AM 10:42

FILED

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

F. CHESLER

APR 11 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Unique Title and Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

401 Golden Isles Drive #712, Hallandale, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional corporation.

ARTICLE IV SHARES

The number of shares of stock is:

\$1.00 e 50 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Michelle Mediavilla

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Michelle Mediavilla

401 Golden Isles Dr. #712, Hallandale, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Michelle Mediavilla

401 Golden Isles Dr. #712, Hallandale, FL 33009.

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

Signature/Incorporator

Date

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR -6 AM 10:42

FILED