

P03000002911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

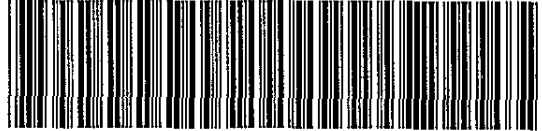
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

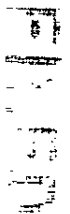
Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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TRANSMITTAL LETTER

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

**SUBJECT:** IMPRENTA Salinas.- Unique Business Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 |
| <b>ADDITIONAL COPY REQUIRED</b>       |  |

**FROM:** Esmeralda Salinas  
Name (Printed or typed)

229 S. Dillard Street  
Address

Winter Garden, FL 34787  
City, State & Zip

407. 654. 0951  
Daytime Telephone number

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

4

# 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:

IMPRENTA Salinas - Unique Business Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

229 S. Dillard Street  
Winter Garden, FL 34787

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Digital Printing, Notary Services, Specialty Ads

## ARTICLE IV SHARES

The number of shares of stock is:

none

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Esmeralda Salinas  
1079 N. Lakewood Avenue  
Ocoee, FL 34761

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Esmeralda Salinas  
1079 N. Lakewood Avenue  
Ocoee, FL 34761

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Esmeralda Salinas  
1079 N. Lakewood Avenue  
Ocoee, FL 34761

\*\*\*\*\*

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

Esmeralda Salinas  
Signature/Registered Agent

Esmeralda Salinas  
Signature/Incorporator

1/3/03  
Date

1/3/03  
Date

FILED  
03 JAN -7 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA