

P03000008392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

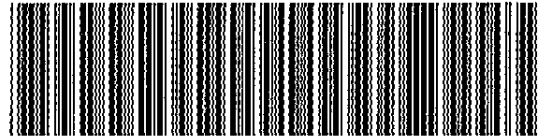
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/23/03--01047--023 \*\*78.75

RECEIVED  
03 JAN 23 AM 11:32  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
03 JAN 23 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VE  
1-23-03

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. UNICONE FINANCIAL INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                                |  |
|--|--|
| <input checked="" type="checkbox"/> Profit |  |
| <input type="checkbox"/> NonProfit         |  |
| <input type="checkbox"/> Limited Liability |  |
| <input type="checkbox"/> Domestication     |  |
| <input type="checkbox"/> Other             |  |

| AMENDMENTS   |  |
|--|--|
| <input type="checkbox"/> Amendment                             |  |
| <input type="checkbox"/> Resignation of R.A., Officer/Director |  |
| <input type="checkbox"/> Change of Registered Agent            |  |
| <input type="checkbox"/> Dissolution/Withdrawal                |  |
| <input type="checkbox"/> Merger                                |  |

| OTHER FILINGS                             |  |
|---|--|
| <input type="checkbox"/> Annual Report    |  |
| <input type="checkbox"/> Fictitious Name  |  |
| <input type="checkbox"/> Name Reservation |  |

| REGISTRATION/<br>QUALIFICATION               |  |
|--|--|
| <input type="checkbox"/> Foreign             |  |
| <input type="checkbox"/> Limited Partnership |  |
| <input type="checkbox"/> Reinstatement       |  |
| <input type="checkbox"/> Trademark           |  |
| <input type="checkbox"/> Other               |  |

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

03 JAN 23 PM 3:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I - NAME

The name of the corporation shall be:

UNICONE FINANCIAL INC.

### ARTICLE II - PRINCIPAL OFFICE

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

11533 SW 109 RD #G  
MIAMI FL 33176

### ARTICLE III - SHARES

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

100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ABDUL PATEL  
11533 SW 109 RD #G  
MIAMI FL 33176

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03 JAN 23 PM 3:11


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

ABDUL PATEL  
11533 SW 109 RD # G  
MIAMI FL 33176

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_ 20\_\_

  
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

|                  |           |
|------------------|-----------|
| ABDUL R PATEL    | PRESIDENT |
| ABDUL AZIZ PATEL | DIRECTOR  |
| CANDY PATEL      | DIRECTOR. |

11533 SW 109 RD # G  
MIAMI FL 33176

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature