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TRANSMITTAL LETTER

Department of State

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Specialties Unlimited, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: _Terri A. Miller Name (Printed or typed) 12647 Sullivan Rd. Address Clermont, FL 34711 City, State & Zip 352-243-6882 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Specialties Unlimited, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12647 Sullivan Rd., Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Internet sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Terri A. Miller, President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Terri A. Miller 12647 Sullivan Rd, Clermont FL 34711

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Terri A. Miller 12647 Sullivan Rd., Clermont, FL 34711

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

Signature/Registered Agent

Signature/Incorporator

8 13 10

Date

Date