

P03000119285

(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



200023902252

10/24/03--01004--016 \*\*315.00

FILED

03 OCT 24 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

03 OCT 24 AM 10:48

DEPARTMENT OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

02/10/13

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. EXPECTATIONS UNLIMITED, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ 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

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

### ARTICLE I NAME

The name of the corporation shall be:  
EXPECTATIONS UNLIMITED, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
1655 WEST 56 STREET SUITE NO 119-B., Hialeah, FL 33012

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
ANY AND ALL LAW FUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:  
500 SHARES TO \$1.00 EACH

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
EUNICE CASTRO AS PRESIDENT WITH ADDRESS AT 1655 W 56 STREET  
SUITE 119-B., HIALEAH, FL 33012

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
EUNICE CASTRO WITH ADDRESS AT 1655 W 56 STREET SUITE 119-B  
HIALEAH, FL 33012

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
EUNICE CASTRO WITH ADDRESS AT 1655 W 56 STREET SUITE 119-B  
HIALEAH, FL 33012

\*\*\*\*\*

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

x Eunice Castro  
Signature/Registered Agent

10/22/03  
Date

x Eunice Castro  
Signature/Incorporator

10/22/03  
Date

FILED  
03 OCT 24 PM 1:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA