

PO5000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

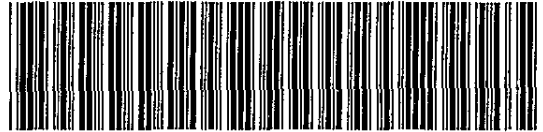
(Business Entity Name)

(Document Number)

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

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11/22/04--01080--006 \*\*78.75

FILED  
04 DEC 30 AM 8:13  
TALAHASSEE COUNTY  
TALAHASSEE, FL 32301

C.S. 1/3

**TRANSMITTAL LETTER**

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

**SUBJECT:** UNIQUE XPRESSIONS, 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

**ADDITIONAL COPY REQUIRED**

**FROM:** CONSTANCE BALDERRAMA

Name (Printed or typed)

40224 OVERLOOK DRIVE

Address

EUSTIS, FL 32726

City, State & Zip

954-673-6022

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 30, 2004

CONSTANCE BALDERRAMA  
40224 OVERLOOK DRIVE  
EUSTIS, FL ~~32726~~ 32736 CMB

SUBJECT: UNIQUE XPRESSIONS, INC.  
Ref. Number: W04000043595

We have received your document for UNIQUE XPRESSIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation **if a 2005 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis  
Regulatory Specialist II  
New Filings Section

Letter Number: 804A00067131

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 DEC 30 AM 8:13

**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 XPRESSIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O. BOX 8061  
FT LAUDERDALE, FL 33310-8061

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ONLINE GIFT SHOP

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CONSTANCE BALDERRAMA  
PRESIDENT  
P.O. BOX 8061  
FT LAUDERDALE, FL 33310-8061

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CONSTANCE BALDERRAMA  
40224 OVERLOOK DRIVE  
EUSTIS, FL 32726-  
32736 CMB

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CONSTANCE BALDERRAMA  
P.O. BOX 8061  
FT LAUDERDALE, FL 33310-8061

\*\*\*\*\*  
*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*

Connie Balderrama  
Signature/Registered Agent

12/5/04  
Date

Connie Balderrama  
Signature/Incorporator

12/5/04  
Date