## P06000087245

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
		10		
(City/State/Zip/Phone #)				
PICK-UP	■ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
•	•	•		
	ocument Number)			
(DC	cament Number)			
Certified Copies	_ Certificates	of Status		
•				
Special Instructions to	Filing Officer:			
	<b>g</b>			
		ļ		

Office Use Only



300076227873

.06/16/06--01046--008 \*\*87.50

O6 JUN 16 AM 9: 27
SECRETARY OF STATE
TALL AHASSEE FLORES.

C.S. 6 29

## **COVER LETTER**

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED					
FROM: POOSe Velt Brocking town Name (Printed or typed)					
MAilingth	P. O. BOX 55-2	636 0 PA C Address	OCKA		
Q	2880 N. W/687 City.	Tree Of			
	305-621-93	8721 752	1-204-3764		

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

Daytime Telephone number

The name of the corporation shall be: 13 + R UNIQUE Corporation	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  2880 N. W/68Tenh BPA (OCKA, 7/3305 CASETARY OF STATE OF S	jon
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS C.E. D. KOOSE VEIT 13000 List name(s), address(es) and specific title(s): 2880 N.W 168 Tear 6 parlocks, 7/3  TWONDY G WILLOX ACX DIRECTORS 721 N.W 29CT WILTON MANO 33311	32 31.5
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
TWONDY & Wilcox 121 NIW 29CT Wilton Marons, fl. 3831. 754-204-3764-  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RODS EVELT Brockington	/
2880 N.W 168 TEGT 6 PA LOCKA, 71. 33056.	
**************************************	
Signature/Incorporator  Date	

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