Polis 8012/534

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	JML UNIKE SERVICES COR	poration
	(PROPOSED CORPORATE NAME – M	UST 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: M	ARIA QUINONES-BAT	TS (Printed or typed)	
	4731 NW 119 AV		
•	. A	ddress	
	Coral Springs, FL 3307	· 6	
-	City,	State & Zip	
(954-683-7145		
-	Daytime To	elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

JML UNIKE SERVICES COrporation

FILED ZOOB SEP 21 P 4: 09 TALLAHASSEE FISTATE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4731 NW 119 Avenue, Coral Springs, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale services

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria Quinones-Batts 4731 NW 119 Av, Coral Springs FL 33076

ARTICLE VI REGISTERED AGENT

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

Maria Quinones-Batts

4731 NW 119 Av. Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Quinones-Batts 4731 NW 119 Av. Coral Springs, FL 33076

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

Date

Date