

PO 7 0000 32617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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07 MAR 13 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAR 14 2007  
W07-11446

COVER LETTER

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

SUBJECT: UNIQUE CARING OPPORTUNITIES 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:

Adriane Mazon Jones  
Name (Printed or typed)

P.O. Box 2235  
Address

Abchua Fla 32616  
City, State & Zip

(352) 316-3683  
Daytime Telephone number

Physical Address: 15511 NW 135th Terr.  
Abchua Fla 32616

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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:

UNIQUE CARING OPPORTUNITIES OPPORTUNITIES  
INC,

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. Box 2225 Alachua FLA 32616  
(FLORIDA) (Place of Business) 15511 NW  
(Florida) 135th Terr.  
Alachua Fla  
32616

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CoreGiver Provider for Disabled

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

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

Adriane Mazon Jones - OWNER  
15511 NW 135th Terr.  
Alachua Fla  
32616

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**ARTICLE VI REGISTERED AGENT**

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

Adriane Mazon Jones  
15511 NW 135th Terr. Alachua  
Fla. 32616

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Adriane Mazon Jones  
15511 NW 135th Terr. Alachua Fla 32616

Mailing P.O. Box 2225 Alachua Fla 32616

\*\*\*\*\*  
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

Date

Date