

P890900031923

(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



900149066989

04/08/09--01013--016 **78.75

FILED

2009 APR -8 P 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-6-4
209

COVER LETTER

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

SUBJECT: Makin It Yonique 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: Yvonne M. Pratt
Name (Printed or typed)

605 Tall Pines Rd
Address

West Palm Beach, FL 33415
City, State & Zip

561-684-5794
Daytime Telephone 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: *Makin It Yonique Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: *605 Tall Pines Rd.
W. Palm Beach, FL. 33415*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *This corporation may engage in or transact any or all lawful activities or businesses permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.*

ARTICLE IV SHARES

The number of shares of stock is: *100 shares @ 1¢ per share*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *Yvonne M. Pratt, President
605 Tall Pines Rd. W.P.B., FL. 33415
Richmond S. Pratt, Vice President
605 Tall Pines Rd. WPB, FL. 33415*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: *Yvonne M. Pratt
Yvonne M. PRATT
605 Tall Pines Rd.
WPB, FL. 33415*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Yvonne M. Pratt
Yvonne M. PRATT
605 Tall Pines Rd.
WPB, FL. 33415*

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

Yvonne M Pratt

Signature/Registered Agent
Yvonne M Pratt

Signature/Incorporator

April 4, 2009

Date

April 4, 2009

Date

FILED
APR - 8 P 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA