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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

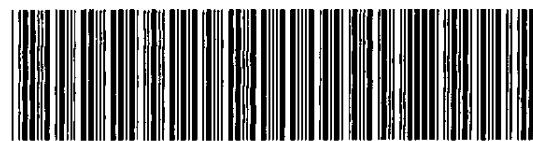
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2009 APR -8 P 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

4-9-09  
2009

## 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 lawfull activities or business 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*

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DEPARTMENT OF STATE  
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FLORIDA  
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### 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  
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