(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	<b>→</b> #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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## COVER LETTER

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

SUBJECT: UNIQUE SERVICES OF SOUTH FLORIDA, 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: MEGAN PETTERSON

Name (Printed or typed)

12280 NW 29 ST

Address

SUNRISE, FLORIDA 33323

954-380-2962

Daytime Telephone number

mpetterson9774@yahoo.com
E-mail address: (to be used for future annual report notification)

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



January 19, 2011

MEGAN PETTERSON 12280 NW 29TH STREET SUNRISE, FL 33323

SUBJECT: UNIQUE SERVICES, INC.

Ref. Number: W11000003477

We have received your document for UNIQUE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 411A00001625

2011 JAN 24 PM L: 20

## 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 SERVICES OF SOUTH FLORIDA, INC. ZUII JAN 24 PM 4: 20 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 12280 NW 29 ST SUNRISE, FL 33323 ARTICLE III PURPOSE The purpose for which the corporation is organized is: **CLEANING SERVICES** ARTICLE IV SHARES The number of shares of stock is:100 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MEGAN PETTERSON Name and Title Address: 12280 NW 29 ST Address:

Name and Title

Name and Title:

121/2011

Address:

Address:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

this certificate, I am familiar with and a cept the appointment as registered agent and agree to act in this capacity

SUNRISE, FL 33323

REGISTERED AGENT

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

Required Signature/Registered Agent

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MEGAN PETTERSON

SUNRISE, FL 33323

MEGAN PETTERSON

12280 NW 29 ST SUNRISE, FL 33323

Required Signa

12280 NW 29 ST

Name and Title:

Name and Title

Address:

Address:

Name:

Name: Address:

Address:

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: