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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 2 2011

## COVER LETTER

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

SUBJECT: UNIMER KITCHEN AND BATH GALLERY 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: NEDZAD HADZIAVDIC

Name (Printed or typed)

5105 PHILIPS HWY STE 602

Address

JACKSONVILLE FL 32207

City, State & Zip

904-636-9466

Daytime Telephone number

louiscpa@bellsouth.net

E-mail address: (to be used for future annual report notification)

**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**

UNIMER KITCHEN AND BATH GALLERY INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5105 PHILIPS HWY STE 602  
JACKSONVILLE FL 32207

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: NEDZAD HADZIAVDIC PRESIDENT  
Address: 6298 FOREST STUMP LN  
JACKSONVILLE FL 32258

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: NEDAZD HADZIAVDIC

Address: 6298 FOREST STUMP LN  
JACKSONVILLE FL 32258

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NEDZAD HADZIAVDIC

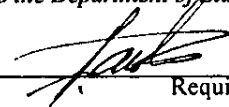
Address: 6298 FOREST STUMP LN  
JACKSONVILLE FL 32258

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

  
Required Signature/Registered Agent

2/3/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

2/3/2011  
Date

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DEPARTMENT OF STATE  
ALLAHABAD, FLORIDA