## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000141033 3)))



H110001410333ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

0

1

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,\*\*

Email	Address:		_						
-------	----------	--	---	--	--	--	--	--	--

# FLORIDA PROFIT/NON PROFIT CORPORATION UNITY GAIN MANAGEMENT INC

Certificate of Status
Certified Copy

Page Count 04

Estimated Charge \$78.75



Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch MAY 3 1 2011

850-617-6381

5/27/2011 10:21:39 AM PAGE

1/001

Fax Server



May 27, 2011

LAZARUS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: UNITY GAIN MANAGEMENT INC

REF: W11000029388

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your document must include the acceptance and signature of the registered agent.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section FAX Aud. #: H11000141033 Letter Number: 411A00013133 3052201440

MAY-26-2011 16:29

PAGE 03/05 P.001. . ...

### H11100141003

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: UNITY GAIN MANAGEMENT INC



#### <u>ARTICLE II PRINCIPAL OFFICE</u>

The principle place of business and mailing address of this corporation shall be:

5736 S.W. 49TH ST MIAMI, FL 33155

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: LEANETTE MOUSSA 5736 S.W. 49TH ST MIAMI, FL 33155 MAY-26-2011 15:29

P.002

## H11000141003

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LEANETTE MOUSSA 5736 S.W. 49TH ST MIAMI, FL 33155

### ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

LEANETTE MOUSSA (PRESIDENT & SECRETARY)
5736 S.W. 49TH ST
MIAMI, FL 33155

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 26 day of MAY 2011

Signature

Signature

Signature

MAY-26-2011 16:29

P.003 ··

# H11000141003

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: UNITY GAIN MANAGEMENT INC
- The name and address of the registered agent and office is:

(NAME)

5736 S.W. 49TH ST

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33155

(CITY/STATE/ZIP)

MI MAY 27 PH 4:51

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATUREX

DATE 05/26/2011

H11000141003