

P11000091238

(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



300212285463

09/22/11--01007--006 **70.00

FILED
11 OCT 13 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
10/19

COVER LETTER

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

SUBJECT: ADELOVSTELBB UNIQUE, 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: ADELOVSTELLBB UNIQUE, INC.

Name (Printed or typed)

21013 N.W. 14TH PLACE, SUITE 843

Address

MIAMI, FL 33169

City, State & Zip

954-937-3729

Daytime Telephone number

al_mayungbe@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 OCT 13 AM 10:26
DIVISION OF CORPORATIONS

September 23, 2011

STELLA A ADEDEJI
ADELOVSTELBB UNIQUE, INC.
21013 N.W. 14TH PLACE, SUITE 843
MIAMI, FL 33169

SUBJECT: ADELOVSTELBB UNIQUE, INC.
Ref. Number: W11000049262

We have received your document for ADELOVSTELBB UNIQUE, 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 letter releasing the corporate name is not signed by Stella Adedeji. The signature of Stella Adedeji is required.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 711A00022017

ADELOVSTELBB UNIQUE, INC.

21013 NW 14 PLACE, SUITE 843 MIAMI, FL 33169 954-937-3729

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

September 15, 2011

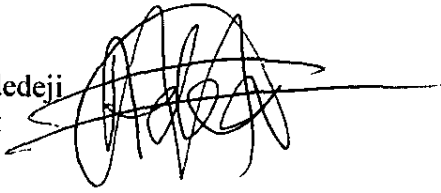
Subject: Release of Corporation Name

This is to certify that I am the President of ADELOVSTELBB UNIQUE, INC., listed under document No: P09000026265, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.


I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,

Stella Adedeji
President



STATE OF FLORIDA - COUNTY OF DADE
Sworn to (or affirmed) and subscribed before me this 19 day of
Sep, 20 11 by Stella A Adedeji

Notary Signature 
Notary Name Printed DAISY PAULINO
Personally Known or ID produced A332-761-64-764-0

FILED
11 OCT 14 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

ADELOVSTELBB UNIQUE, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

21013 NW 14 PLACE,

SUITE 843

MIAMI, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADEDEJI, STELLA, PRESIDENT

Address: 21013 N.W. 14TH PLACE

SUITE 843

MIAMI, FL 33169

Name and Title: _____

Address: _____

Name and Title: OJO, BABATUNJI A, VP

Address: 21013 N.W. 14TH PLACE

SUITE 843

MIAMI, FL 33169

Name and Title: _____

Address: _____

Name and Title: OJO, OMOWUNMI, VP

Address: 21013 N.W. 14TH PLACE

SUITE 843

MIAMI, FL 33169

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: MAYUNGBE, ALBERT, CPA

Address: 1111 PARK CENTRE BLVD, #205

MIAMI, FL 33169

ARTICLE VII INCORPORATOR

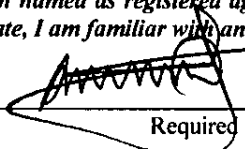
The name and address of the Incorporator is:

Name: ADEDEJI, STELLA A

Address: 21013 N.W. 14TH PLACE, SUITE 843

MIAMI, FL 33169

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

09/16/2011

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

09/16/2011

Date

FILED
11 OCT 13 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA