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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: UNIQUE CONCEPT GROUP 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: DAVID G. COOK
Name (Printed or typed)
P.O. BOX 172824
Address
93140 4TH ST NORTH
TAMPA FL 33622
City, State & Zip
727 992-1121
Daytime Telephone number
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

The name of the corporation shall be: UNIQUE CONCEPT GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4204 MANHATTAN AV
TAMPA, FL 33614

Mailing address, if different is:

P.O. BOX 172824
TAMPA, FL 33672

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE JOB SECURITY
WITHIN THE TAXI
ORGANIZATION ASSOCIATION.

ARTICLE IV SHARES

The number of shares of stock is: 1 MILLION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID G. COOK CEO

Address: P.O. BOX 172824

TAMPA, FL 33672

TITLE: CEO PRESIDENT

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: DAVID G. COOK

Address: 9310 4TH ST N

PINELLAS PK, FL 33782

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID G. COOK

Address: 9310 4TH ST N

PINELLAS PK, FL 33782

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

[Signature]
Required Signature/Registered Agent

11.08.11
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.

[Signature]
Required Signature/Incorporator

DAVID G. COOK

11.07.11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA