

P12000010439

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12 JAN 30 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓  
L Burch JAN 31 2012

## COVER LETTER

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

SUBJECT: BRYANT'S 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: Shakeira L. Bryant  
Name (Printed or typed)  
250 West Sample Road Apt. # C218  
Address  
Pompano Beach, Florida 33064  
City, State & Zip  
951-479-0541  
Daytime Telephone number  
shakeirabryant@hotmail.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

JAN 19 2012 30 PM 1:50

January 19, 2012

SHAKEIRA L BRYANT  
250 WEST SAMPLE ROAD APT #C218  
POMPANO BEACH, FL 33064

SUBJECT: BRYANT'S INC.  
Ref. Number: W12000003418

We have received your document for BRYANT'S INC. and your check(s) totaling \$78.75. 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.**

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00001345

**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'S SHARES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2501 West Sample Road,  
APT. #C218,  
Jupiter Beach, FL 33464

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: SHARONA BRUNT  
Address: 2501 West Sample Road, APT #C218  
Jupiter Beach, FL 33464

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHARONA BRUNT  
Address: 2501 West Sample Road, APT #C218  
Jupiter Beach, FL 33464

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

Sharon Brunt  
Required Signature/Registered Agent

1/26/12  
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.

Sharon Brunt  
Required Signature/Incorporator

1/26/12  
Date

FILED  
12 JAN 30 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA