

P13000058039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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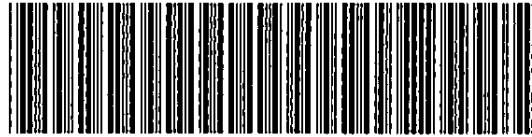
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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13 JUL 10 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 7/10/13

## COVER LETTER

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

SUBJECT: Unique Fashions & Travel  
(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: Doris Michelle Howard  
Name (Printed or typed)

521 Putnam Drive  
Address

Tallahassee, FL 32301  
City, State & Zip

850-566-4004  
Daytime Telephone number

gainer23@yahoo.com  
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 Fashion & Travel Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

521 Putnam Drive  
Tall, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Planning Travel Trips for  
people

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Don M. Howard Name and Title: C.E.O.

Address: 521 Putnam Drive Address: \_\_\_\_\_  
Tall, FL 32301

Name and Title: Ava Williams Name and Title: Vice President

Address: 904 Chestnut Ave Address: \_\_\_\_\_  
Tall, FL 32303

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

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

(conti )

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: Doris M. Hamd  
Address: 521 Putnam Drive  
Tall, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Doris M. Hamd  
Address: 521 Putnam Drive  
Tall, FL 32301

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

*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*

Doris M. Hamd  
Required Signature/Registered Agent

7/10/13  
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.*

Doris M. Hamd  
Required Signature/Incorporator

7/10/13  
Date