## PH000027464

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900258163819

03/26/14--01016--002 \*\*70.00

14 HAR 26 AM 6: 38 -

## COVER LETTER,

Andrew Unnever, Inc.

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

SUBJECT:

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED
FROM:	Andrew Unneve	<b>r</b> e (Printed or typed)	
	500 5th St. N., A	pt. 24	
		Address	
	St. Petersburg, F	FL 33701	
_	City,	State & Zip	
	(813) 484-7856		
<del></del>	Daytime T	elephone number	11.0
a	unnever@gmail.com	า	
	E-mail address: (to be use	d 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)

RTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
00 5th St. N.	• —	_	
t. Petersburg	<del></del>	<del></del>	
0.0.00	9,		
TICLE III PUR	POSE he corporation is organized is: buy and	l sale wholesale	and retail goods
, p. p. p. v			
	<del></del>		<u></u>
		-	
<u></u> -			
RTICLE IV SHA	<u> </u>		
RTICLE IV SHA	ures stock is:		
RTICLE V INI	IIAL OFFICERS AND/OR DIRECTOR		
RTICLE V INI	rial officers and/or director :Andrew Unnever, President		
RTICLE V INI	rial officers and/or director Andrew Unnever, President 500 5th St. N., Apt. 24		
RTICLE V INT	rial officers and/or director :Andrew Unnever, President	Name and Title:	
RTICLE V INT	rial officers and/or director Andrew Unnever, President 500 5th St. N., Apt. 24	Name and Title:	
RTICLE V INI	rial officers and/or director Andrew Unnever, President 500 5th St. N., Apt. 24	Name and Title:	14 HA SECR TALLA
Name and Title Address	rial officers and/or director Andrew Unnever, President 500 5th St. N., Apt. 24	Name and Title: Address:	14 HAR 2 SECRETA
Name and Title Address  Name and Title	Andrew Unnever, President 500 5th St. N., Apt. 24 St. Petersburg, FL 33701	Name and Title:  Address:  Name and Title:	14 HAR 26 SECRETARY TALLAHASSE
Name and Title Address	Andrew Unnever, President 500 5th St. N., Apt. 24 St. Petersburg, FL 33701	Name and Title:  Address:  Name and Title:	14 MAR 26 AM SECRETARY OF TALLAHASSEE F
Name and Title Address  Name and Title	Andrew Unnever, President 500 5th St. N., Apt. 24 St. Petersburg, FL 33701	Name and Title:  Address:  Name and Title:	14 HAR 26 AM 6 SECRETARY OF S TALLAHASSEE FL
Name and Title Address  Name and Title	Andrew Unnever, President 500 5th St. N., Apt. 24 St. Petersburg, FL 33701	Name and Title:  Address:  Name and Title:	14 HAR 26 AM SECRETARY OF TALLAHASSEE F
Name and Title Address  Name and Title Address	Andrew Unnever, President 500 5th St. N., Apt. 24 St. Petersburg, FL 33701	Name and Title:  Address:  Name and Title:  Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Name and Title Address  Name and Title Address	Andrew Unnever, President 500 5th St. N., Apt. 24 St. Petersburg, FL 33701	Name and Title:  Address:  Name and Title:  Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA

Name and	d Title;	Name and Title:
Address		Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Andrew Unnever	
Address:	500 5th St. N., Apt. 24	•
	St. Petersburg, FL 33701	-
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Andrew Unnever	
Address:	500 5th St. N., Apt. 24	-
	St. Petersburg, FL 33701	-
Having been nan this certificate, I d	ned as registered agent to accept service of process am familian with and accept the appointment as reg	for the above stated corporation at the place designated in this capacity 03/25/14
	Required Signature/Registered Agent	Date
I submit this doc document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felong	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
	-M+	03/25/14
	Required Signature/Incorporator	Date

FILED

14 MAR 26 AM 6: 38

SECRETARY OF STATE