

P140000469604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

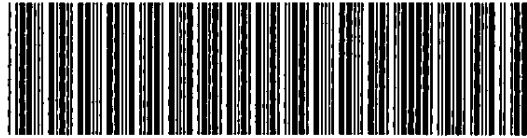
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

6100-6094-

W14000027879



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05/01/14--01021--004 \*\*105.00

FILED  
14 MAY 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

of 6/2/14

**COVER LETTER**

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

**SUBJECT:** Unique Multi-Service, 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:** Nancy Jean  
Name (Printed or typed)  
439 SE Port Saint Lucie Blvd., Ste. 115  
Address  
Port Saint Lucie, FL 34984  
City, State & Zip  
772-249-4040  
Daytime Telephone number  
nancy@uniquemultiservice.com  
E-mail address: (to be used for future annual report notification)

FILED  
14 MAY 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



## UNIQUE MULTI-SERVICE, INC

439 SE Port Saint Lucie Blvd., Ste. 115  
Port Saint Lucie, FL 34984  
e-mail: [nancy@uniquemultiservice.com](mailto:nancy@uniquemultiservice.com)

Office: 772-249-4040  
Fax: 772-621-2874  
Direct: 772-621-2870

Wednesday May 21, 2014

Dear Mrs. Clareth Golden,

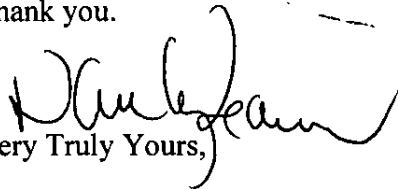
Please receive this letter as formal request to release the name "Unique Multi-Services, LLC" in which I am a managing member.

In return, we need to create a corporation name "Unique Multi-Service, Inc." the new Article of Incorporatin is attached to this letter.

Please use the fund that had been disburse to convert the said company and any extra left over can be mailed to us.

Please contact us directly if you have any concern or questions regarding the above information.

Thank you.



Very Truly Yours,

Nancy Martino-Jean

Owner of Unique Multi-Service, Inc.

**Inc.: New Article of Incorporation and correspondence from The Department of State**

FILED  
14 MAY 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2014

NANCY MARTINO-JEAN  
439 SE PORT SAINT LUCIE BLVD.  
SUITE 115  
PORT SAINT LUCIE, FL 34984

SUBJECT: UNIQUE MULTI-SERVICES, LLC  
Ref. Number: W14000027879

We have received your document for UNIQUE MULTI-SERVICES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00009419

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14 MAY 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



(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: Nancy Jean  
 Address: 439 SE Port Saint Lucie Blvd., Ste. 115  
Port Saint Lucie, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nancy Martino-Jean  
 Address: 439 SE Port Saint Lucie Blvd., Ste. 115  
Port Saint Lucie, FL 34984

*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

05/21/2014

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

05/21/2014

Date

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA