

P/500007/585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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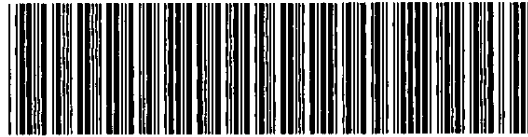
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/15--01006--003 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 AUG 24 AM 11:02

08/31/15

COVER LETTER

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

SUBJECT: Unicity Group Corp.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Hernando Fernandez
Name (Printed or typed)
7836 NW 116 Pl
Address
Doral, FL 33178
City, State & Zip
(786) 346-6417
Daytime Telephone number
hernandof@gmail.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: Unicity Group Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7836 NW 116 Pl

Doral FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawfull Business

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hernando Fernandez

Name and Title: _____

Address

7836 NW 116 Pl

Address: _____

Doral FL 33166

Name and Title: Dino Gravini

Name and Title: _____

Address

850 N. Miami Ave

Address: _____

Apt. W-505

Miami FL 33136

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: Hernando Fernandez
Address: 7836 NW 116 Pl
Doral FL 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hernando Fernandez
Address: 7836 NW 116 Pl
Doral FL 33166

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
8/19/2015
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
8/19/2015
Date