

PI5000071937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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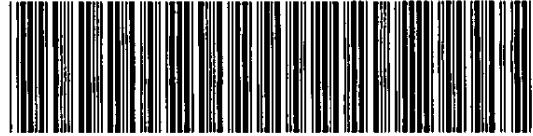
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/15--01009--003 **78.75

15 AUG 25 AM 11:31
AUG 25 2015

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COVER LETTER

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

SUBJECT: Unique Administrative Resources, 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 ☒ \$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: Shameka Miller
Name (Printed or typed)

2333 S.W. 118 Ave
Address

Miramar, FL 33025
City, State & Zip

954-594-0390
Daytime Telephone number

mekafi-0@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 Administrative Resources, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2333 S.W. 118 Ave

Micamar, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Services, Administrative assistance and Document processing

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shameka Miller Name and Title: _____

Address 2333 S.W. 118 Ave Address: _____

Micamar, FL 33025 _____

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: Shameka Miller

Address: 2333 S.W. 118 Ave

Miramar, FL 33025

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ARTICLE VII INCORPORATOR

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

Name: Shameka Miller

Address: 2333 S.W. 118 Ave

Miramar, FL 33025

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 25, 2015 (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

Shameka Miller

Required Signature/Registered Agent

21 Aug 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.

Shameka Miller

Required Signature/Incorporator

21 Aug 2015

Date