

P/60000 26/24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

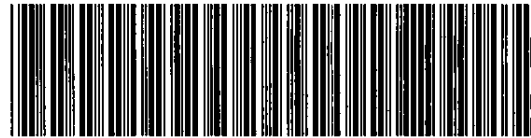
(Document Number)

Certified Copies

Certificates of Status

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03/15/16--01021--004 **87.50

FILED
15 MAR 15 PM 12:00
TALLAHASSEE, FL 32301

MAR 2 2016
S. GILBERT

COVER LETTER

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

SUBJECT: YOONITY 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: SANG YOON

Name (Printed or typed)

1164 BELLA VISTA CIRCLE

Address

LONGWOOD, FL 32779

City, State & Zip

4074623551

Daytime Telephone number

SANG@DYEBLOX.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: YOONITY INC.

16 MAR 15 PM 4:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:
1164 BELLA VISTA CIRCLE
LONGWOOD, FL 32779

1164 BELLA VISTA CIRCLE

LONGWOOD, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURING AND PATENT LICENSE AGREEMENT

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANG YOON /CEO

Name and Title: CEO

Address 1164 BELLA VISTA CIRCLE

Address:

LONGWOOD, FL 32779

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: BOB KNOWLES

Address: 4109 FAIRVIEW VISTA POINTE 220

ORLANDO, FL 32804

ARTICLE VII INCORPORATOR

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

Name: SANG YOON

Address: 1164 BELLA VISTA 220

LONGWOOD, FL 32779

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/20/16. (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

1/18/2016
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.

X _____
Required Signature/Incorporator

3/01/2016
Date