

P17000042357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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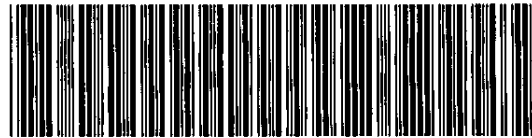
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/12/17

## COVER LETTER

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

SUBJECT: Unicorn Doodles 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: Janelle P. Weltz  
Name (Printed or typed)

1221 Mayport Landing Cir  
Address

Atlantic Beach, FL 32233  
City, State & Zip

904-485-2251  
Daytime Telephone number

jpweltz@ymail.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: Unicorn Doodles, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1221 Mayport Landing Cir.  
Atlantic Beach, FL 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create products to sell  
at the retail level

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Janelle Weltz President Name and Title: \_\_\_\_\_

Address: 1221 Mayport Landing Cir. Address: \_\_\_\_\_  
Atlantic Beach, FL  
32233

Name and Title: Derek Martin Treasurer Name and Title: \_\_\_\_\_

Address: 12654 Gandolf Lane Address: \_\_\_\_\_  
Jacksonville, FL  
32225

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: Janelle Weltz  
Address: 1221 Mayport Landing Cir  
Atlantic Beach, FL  
32233

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Janelle Weltz  
Address: 1221 Mayport Landing Cir.  
Atlantic Beach, FL  
32233

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 1, 2017. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Janelle P. Weltz 5-1-17  
Required Signature/Registered Agent 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.*

Janelle P. Weltz 5-1-17  
Required Signature/Incorporator Date