

P21000107535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

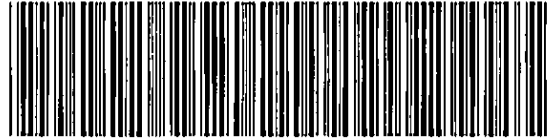
(Business Entity Name)

(Document Number)

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

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OFFICE OF THE  
TALLAHASSEE, FLORIDA

2021 DEC -9 AM 9:25

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## COVER LETTER

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

SUBJECT: UNBOXD 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: Juanita Webster  
Name (Printed or typed)

190 S Cherry St  
Address

Monticello FL 32344  
City, State & Zip

850-815-5552  
Daytime Telephone number

unboxd11@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: UNBOXD Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
190 S Cherry St  
Monticello, FL 32344

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clothing, shoes, accessories, etc.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Owner Juanita Webster

Address: 190 S Cherry St

Monticello, FL 32344

Name and Title:

Address:

Name and Title:

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: Juanita Webster

Address: 190 S Cherry St.  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Juanita Webster

Address: 190 S Cherry St  
Monticello, FL 32344

2021 0-9 AM 11:51

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12-08-2021 (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*

[Signature]  
Required Signature/Registered Agent

12-09-2021  
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.*

[Signature]  
Required Signature/Incorporator

12-09-2021  
Date