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Division of Corporations

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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
UNIQUE MANAGEMENT GROUP INC**

Certificate of Status	0
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D. O'KEEFE

MAY 27 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: UNIQUE MANAGEMENT GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

17101 NW 18 AVEMIAMI GARDENS, FL 33056**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alfredo Pascual Hidalgo-Blanco (P) Name and Title: _____Address 17101 NW 18 AVE Address: _____MIAMI GARDENS, FL 33056

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alfredo Pascual Hidalgo-Blanco
Address: 17101 NW 18 AVE
MIAMI GARDENS, FL 33056

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Alfredo Pascual Hidalgo-Blanco
Address: 17101 NW 18 AVE
MIAMI GARDENS, FL 33056

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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 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



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.



Required Signature/Incorporator

Date