

P950.00002/790

TRANSMITTAL LETTER

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

FILED
MAR 16 PM 2:06
TALLAHASSEE, FLORIDA

SUBJECT: Imaginations Unlimited, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Wanda Vail Smith
Name (printed or typed)

49 Seawinds Ln. S.
Address

Ponte Vedra, FL 32082
City, State & Zip

904-273-9269
Daytime Telephone number

000001421250
-03/03/95--01095--010
*****78.75 *****78.75

W95-4834

APB 3/17/95

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 6, 1995

WANDA VAIL SMITH
49 SEAWINDS LN., S.
PONTE VEDRA, FL 32082

SUBJECT: IMAGINATIONS UNLIMITED, INC.
Ref. Number: W95000004834

We have received your document for IMAGINATIONS UNLIMITED, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 495A00009778

ARTICLES OF INCORPORATION

FILED
1995 MAR 16 PM 2:00
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Unlimited Imagination, Inc.
ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

49 Seawinds LN. S.
Ponte Vedra, FL 32082

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

one

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wanda Val Smith
49 Seawinds LN. S.
Ponte Vedra, FL 32082

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Wanda Vail Smith
49 Seawinds LN. S.
Ponte Vedra, FL 32082

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of March 19 95.

Wanda Vail Smith
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
1995 MAR 16 PM 2:00
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:___

Unlimited Imaginations, Inc.

2. The name and address of the registered agent and office is:

Wanda Vail Smith
(Name)

49 Seawinds Ln. S.
(P.O. Box not acceptable)

Ponte Vedra, FL 32082
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Wanda Vail Smith
(Signature)

3-2-95
(Date)