

P96000090608

TRANSMITTAL LETTER

FILED

96 OCT 30 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Uniway of Tampa Bay, Inc.  
(Proposed corporate name - must include suffix)

100001986531--9  
-10/25/96--01100--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

ROBERT NIED

Name (printed or typed)

4899-J West Waters Ave.

Address

TAMPA, FL 33634

City, State & Zip

(813) 885-3468

Daytime Telephone number

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

AB  
10-5-96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 29, 1996

ROBERT M. NIED  
9503 BAY TREE CT.  
TAMPA, FL 33615

SUBJECT: UNIWAY OF TAMPA BAY, INCORPORATED  
Ref. Number: W96000022922

We have received your document for UNIWAY OF TAMPA BAY, INCORPORATED 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 articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6927.

Kathy Hyman  
Document Specialist

Letter Number: 396A00049719

ARTICLES OF INCORPORATION  
OF

UNIWAY OF TAMPA BAY, Inc  
[Name of Corporation]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLE I  
NAME

The name of the corporation shall be: UNIWAY OF TAMPA BAY, Inc.

ARTICLE II  
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
4899-J West WATERS Ave. TAMPA, FL. 33634

ARTICLE III  
SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 100 shares @ 1000/share

ARTICLE IV  
INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and address of the initial registered agent is: ROBERT NIED  
9503 Baytree Ct.  
TAMPA, FL. 33615

ARTICLE V  
INCORPORATOR(S)

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

ROBERT NIED  
9503 Baytree Ct.  
TAMPA, FL 33615

The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
this 1<sup>st</sup> day of APRIL 19 96.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: UNIWAY OF TAMPA BAY, Inc.

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

ROBERT NIED - President  
(NAME)

9503 Baytree Ct.  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

TAMPA FL 33615  
(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.*

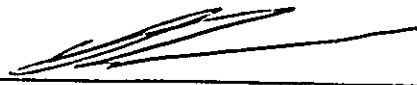
  
(SIGNATURE)

11/1/96  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

## ORIGINAL APPOINTMENT OF AGENT

The undersigned, being all of the incorporators of LOWWAY OF TAMPA BAY, INC.,  
\_\_\_\_\_, hereby appoint ROBERT NIED, upon  
which any process, notice or demand required or permitted by statute to be served upon the  
corporation may be served. The agent's complete address is 9503 Baytree Ct.  
TAMPA, FL. 33615.

  
\_\_\_\_\_  
Incorporator

Gentlemen:

ROBERT NIED hereby accepts appointment as agent of your  
corporation upon which process, tax notices or demands may be served.

  
\_\_\_\_\_  
By:

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