P99000023580

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

1444				
SUBJECT:	HE UNIQUE YO (Proposed corpor	ate name - must include suf	ffix)	
		· Ø	0002800 -03/10/990 *****70.00	9 80 1)1075002 *****70.00
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a c	check for:	•
⊠ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	R.C. HILT	inted or typed)		·
5839 MARINER DR. LLCRIAN SECULOR Address AHASSELL 33609 3411 10 PM 23 City, State & Zip FLORI 12: 34				Changeng
		State & Zip 286-1756 Lephone number	PMI2: 34 OF STATE FLORIDA	

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



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

THE UNIQUE YOU, INC.

ARTICLE II PRINCIPAL OFFICE

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

5839 MARINER DRIVE TAMPA, FL. 33609-3411

ARTICLE III SHARES

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

10,000 SHARES, &I PAR VACUE, COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

R.C. HILTON, 5839 MARINER DR, TAMPA, FL, 33609-3411

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

R.C. HILTON 5839 MARINER DR TAMPA, FL 33609-3411

Signature/Incorporator

2-1-99

Date

(An additional article must be added if an effective date is requested.)

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

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2-1-99

Signature/Registered Agent

Date