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Division of Corporations

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

Certificate of Status	0
Certified Copy	1
Page Count	03
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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 NAME

The 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 AVE

MIAMI 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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alfredo Pascual Hidaigo-Blanco

Address: 17101 NW 18 AVE
MIAMI GARDENS, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alfredo Pascual Hidaigo-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