P04000098223

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| , | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Boodinest Humber) | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600038189496

06/28/04--01009--001 **70.00

1. 20/04 -01009 -000 **70,00 CM

04 JUN 28 PM 1: 11

SHOULD JO HELSTALD SHOULD JO AND JECTS

TRANSMITTAL LETTER

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

| SUBJECT: | INIVERSAL MON | TEAGE PRO | TECTION, INC | | | | | |
|---|-------------------------------------|----------------------------|-------------------------|--|--|----------|--------|-------|
| | (PROPOSED CORPORA) | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Paralacad and an aria | .i | .1 6 ! | 11 .6 | | | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | eles of incorporation and | a check for: | | | | | |
| ⅓ \$70.00 | □ \$78.75 | □ \$78.75 | □ \$87.50 | | | | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | | | | |
| | & Certificate of Status | & Certified Copy | | | | | | |
| | | | & Certificate of Status | | | | | |
| | | ADDITIONAL COPY REQUIRED | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| FROM: | FROM: ALFREDO 3 FLORES | | | | | | | |
| Name (Printed or typed) 350 LAKEVIEW DRIVE SUITER 204 Address | | | | | | | | |
| | | | | | | | | |
| | | | | | | WESTON F | LONIDA | 33326 |
| • | City, | State & Zip | | | | | | |
| | (0-11) 200 | 670F | | | | | | |
| (954) 288-5735 | | | | | | | | |

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

Daytime Telephone number

| 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: | |
| UNIVERSAL MORTGAGE PROTECTION, INC | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| 350 LAKEVIEW DRIVE SUITE 204 WESTON. | FC 33326 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: ZNSURANCE CONSULTANTS | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | 0 0 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ALFNEDO J FLONES PRESIDENT | SECRETARY IVISION OF CO |
| | ED OF STATE |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: | • • • |
| ALFREDO J FLONES | |
| 350 LAKEVIEW DRIVE SUITE ZOY WEST | 0~, FC |
| ARTICLE VII INCORPORATOR | 33326 |
| The <u>name and address</u> of the Incorporator is: ALF1600 J FLONES | |
| 350 LAKEVIEW DRIVE SUITE 204 WESTO | N.FC |
| ************** | 33326 |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designerificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | gnated in this |
| 6/24/24 | |
| Signature Registered Agent Date | |
| 6/24/04 | |
| Signature/Incorporator Date | _ |