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TALAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: **UNIVERSAL DIRECT INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **William P. Sabarese**

Name (Printed or typed)

**6302 Emerald Sky Lane**

Address

**Greenacres, FL 33463**

City, State & Zip

**561-434-1643**

Daytime Telephone number

**sabareseb@bellsouth.net**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2011

WILLIAM P. SABARESE  
6302 EMERALD SKY LANE  
GREENACRES, FL 33463

SUBJECT: UNIVERSAL DIRECT INC.  
Ref. Number: W11000002130

We have received your document for UNIVERSAL DIRECT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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 (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00001118

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** UNIVERSAL DIRECT INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6302 Emerald Sky Lane  
Greenacres, FL 33463

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**FOR PROFIT**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William P. Sabarese President  
Address: 6302 Emerald Sky Lane  
Greenacres, FL 33463

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Sandra I. Sabarese Bookkeeper  
Address: 6302 Emerald Sky Lane  
Greenacres, FL 33463

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 21 PM 2:55

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APPROVED

**ARTICLE VI REGISTERED AGENT**

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

Name: WILLIAM P. SABARESE  
Address: 6302 EMERALD SKY LN.  
GREENACRES, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William P. Sabarese  
Address: 6302 Emerald Sky Lane  
Greenacres, FL 33463

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

William P. Sabarese

Required Signature/Registered Agent

01/06/11

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.

William P. Sabarese

Required Signature/Incorporator

01/06/11

Date