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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Universal Debit of Credit Corp.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Miahara Paris
Name of Person
Universal Debit & Credit Cosp. Firm/Company
Firm/Company
7711 Azalea Court
Address
West Palm Beach Florida 33412
City/State and Zip code
City/State and Zip code Meivene q mail. Com Email address: (to be used for future annual report notification)
re-than address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Review at 516 428-5105 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Universal Debit of Credit Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name amavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Now Yor Y.

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. September 17 1994 5.

(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) Court, West Palm Beach, FL (Principal office address) (Current meiling address, if different) 8. Name and street address of Florida registered agent (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation. (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) Scane Grade, Asst. SELY 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

(25/2019 Weber Error (1622)

under the law of which it is incorporated.

	A Le Constitution de la Constitu
Chairman:	Michael Rovien
Address:	7711 Azalea Court, West Palm Beach, FL 334/2
Vice Chair	man: _N/#
Address: _	· · · · · · · · · · · · · · · · · · ·
Director: _	
Director: _	
Address:	
B. OFFIC	CERS
President:	Michael Review
Address:	7711 Azalea Court, West Palm Beach, FL 33412
Vice Presider	inf:
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If no	necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Meders
third degree	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitutes e felony as provided for in s.817.155, F.S.
13. Micha	ael Review, CEO
	(Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of UNIVERSAL DEBIT & CREDIT CORP. was filed on 09/12/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of March two thousand and twenty-one.

..

Brendan C. Hughes
Executive Deputy Secretary of State

Braden C Hylan

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