7230000000803

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F	Filing Officer:		
W23-1	59836	2	

Office Use Only



700418721477

11/13/23--01041--010 **87.50

FILED

2023 DEC -8 PM 3: 10

SECRETARY OF STAT

SECRETARY OF STAT



November 30, 2023

CATRESE ALSTON 5350 POPLAR AVENUE SUITE 390 MEMPHIS, TN 38119 US

SUBJECT: UNIVERSAL ASSET MANAGEMENT INC

Ref. Number: W23000159832

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

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 123A00027336

Ariel Jones Regulatory Specialist II

COVER LETTER

	gistration Section vision of Corpora				
SUBJECT	r. UNIVERSAL	ASSET MANAGEMENT			
SOBJECT	· ·	Name of corporat	ion - mus	t include suffix	
Dear Sir or	Madam:				
"Certificate	of Existence," of	by Foreign Corporation for "Certificate of Good S reporation to transact bus	tanding'	and check are submi	Business in Florida," tted to register the
Please retu	rn all correspond	ence concerning this ma	ter to the	following:	
CATRESE .	ALSTON				
	- a-	Name	of Persor	. <u> </u>	
UNIVERSA	AL ASSET MANA	GEMENT INC			
		Firm/C	ompany		
5350 POPL	AR AVENUE SU	ITE 390			
	<u> </u>	Ac	ldress		
MEMPHIS.	TN 38119				
		City/Stat	e and Zip	code	
CALSTON	@UAMINC.COM				
	1	-mail address: (to be use	ed for futi	are annual report not	ification)
For further	information con	cerning this matter, pleas	se call:		
CATRESE	ALSTON	at (901	28	281-7270	
N:	ame of Person	Area	ode	Daytime Telepho	ne Number
Re Di Th 24	REET/COURING gistration Section of Corporate Centre of Talla 15 N. Monroe St. Hahassee, FL 32	n ations thassec reet. Suite 810		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is Please make	e check payable to	ToHowing amount: FLORIDA DEPARTME S78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & ified Copy	■ \$87.50 Filing Fee, Certificate of Status & 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.

(If name unavail	uversal Assett Manager able in Florida, enter alternate corporate name ac	opted for the purpose of transacting	
2. TN	$\frac{1}{1}$ y under the law of which it is incorporated.	(FEI number if one	diaablat
02.03.0003	s of incorporation)		
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 nue Suite 602 Miami, FL 33131 (Principal office		y;
		address, if different)	
8. Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O. Luis Ayala		2023 DEC SECRET
	et address of Florida registered agent: (P.O.		SECRETARY SECRETARY
Name:	et address of Florida registered agent: (P.O. Luis Ayala 800 Brickell Avenue Suite 602	Box <u>NOT</u> acceptable) —	2023 DEC -8 PM 3 SECRETARY OF SERVICE STALL A HASSET
Name:	et address of Florida registered agent: (P.O. Luis Ayala 800 Brickell Avenue Suite 602		THE THE

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 under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Luis Ayala Name:	□Chairman	Name:				
□Vice Chairman	Address: S00 Brickell Avenue Suite 602	□Vice Chairman	Address:				
□Director	Miami, FL 33131	□Director					
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	□Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President		_			
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CATRESE ALSTON

CATRESE ALSTON

602

800 BRICKELL AVENUE

MIAMI, TN 33131

Request Type: Certificate of Existence/Authorization

Request #:

0558475

Document Receipt

Receipt #: 008483466

Payment-Credit Card - State Payment Center - CC #: 3863161378

Regarding:

UNIVERSAL ASSET MANAGEMENT, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 08/12/1993

Status:

Active

Duration Term:

Perpetual

Business County: SHELBY COUNTY

December 1, 2023

Issuance Date: 12/01/2023

Copies Requested:

Filing Fee:

\$20.00

\$20.00

Control #: 269069

Date Formed:

08/12/1993

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

UNIVERSAL ASSET MANAGEMENT, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 064345927