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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I201200000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: documents@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
UNIVERSAL MANUFACTURING CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL MANUFACTURING CORPORATION

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:

Nadine Long

Name of Person
InCorp Services, Inc.

Firm/Company
3773 Howard Hughes Pkwy Suite 500S

Address
Las Vegas, NV 89169-6014

City/State and Zip code
documents@incorp.com

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

For further information concerning this matter, please call:

Nadine Long on behalf of InCorp Services, Inc. at 702 868-2500

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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 MANUFACTURING CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Puerto Rico

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

11/07/1994

4. (Date of incorporation) 5. Perpetual (Date of duration, if other than perpetual)

Upon Filing

6. (Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

Carr. 647 Km 0.5 Bo.

Bajuras

Vega Alta 00692

7. (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

, Florida 33470

(City)

(Zip code)

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9. 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.

Nadine Long on behalf of InCorp Services, Inc.

(Registered agent's signature)

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.

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

A. DIRECTORS

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Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Evaristo Freiria

Address: Carr. 647 Km 0.5 Bo.

Bajuras, Vegas Alta, 00692

Director: Beatriz Acosta

Address: Carr. 647 Km 0.5 Bo.

Bajuras, Vegas Alta, 00692

B. OFFICERS

President: Evaristo Freiria

Address: Carr. 647 Km 0.5 Bo.

Bajuras, Vegas Alta, 00692

Vice President: Beatriz Acosta

Address: Carr. 647 Km 0.5 Bo.

Bajuras, Vegas Alta, 00692

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Evaristo Freiria

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.

13. Evaristo Freiria, President

(Typed or printed name and capacity of person signing application)

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Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **UNIVERSAL MANUFACTURING CORPORATION**, register number **88152**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **November 7, 1994**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 10, 2017**.

A handwritten signature in black ink, appearing to be "L. Rivera Marín".

LUIS G. RIVERA MARÍN
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 10-Mar-2018.

Certificate Validation Number: **195117-20694356**

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