

N190000008886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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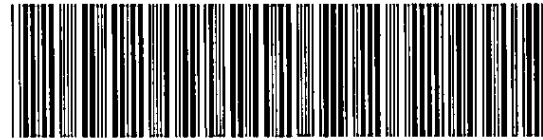
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 23 PM 2:30

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## COVER LETTER

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

**SUBJECT:** UHS TITAN CHEER INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Nicole Fournier

\_\_\_\_\_  
Name (Printed or typed)

PO Box 530517

\_\_\_\_\_  
Address

Debary FL, 32753

\_\_\_\_\_  
City, State & Zip

407-468-5491

\_\_\_\_\_  
Daytime Telephone number

nicole@effectivefinancialservices.com

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

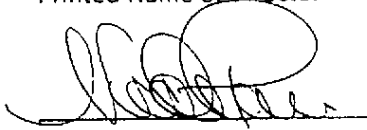
**NOTE:** Please provide the original and one copy of the articles.

To Whom it May Concern,

I Nicole Fournier Director of UHS TITAN CHEER INC release the name to be used in the refiling of the company as a Non-Profit with the Department of State.

Nicole Fournier

Printed Name of Director

A handwritten signature in black ink, appearing to read 'Nicole Fournier', written over a horizontal line.

Signature of Director

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: UHS Titan Cheer Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:  
5259 Maxon Terrace Sanford FL, 32771

Mailing address, if different is:  
PO Box 530517 Debary FL, 32753

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: University High School Cheer Programs

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as provided for in the bylaws

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

Name and Title: Nicole Fournier- Treasurer, Director

Address: PO Box 530517  
Debary FL, 32753

Name and Title: Heather Kiefer- Secretary

Address: PO Box 530517  
Debary Florida, 32753

Name and Title: Jessica Sanchez- President, Director

Address: PO Box 530517  
Debary FL, 32753

Name and Title: Jessica Kellie- Vice President, Director

Address: PO Box 530517  
Debary FL, 32753

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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19 AUG 23 PM 2:30

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Nicole Fournier  
Address: 5259 Maxon Terrace  
Sanford FL, 32771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nicole Fournier  
Address: PO Box 530517  
Debary FL, 32753

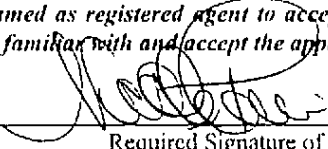
**ARTICLE VIII EFFECTIVE DATE:** 08-19-2019

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

08-19-2019  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

08-19-2019  
\_\_\_\_\_  
Date