

721000007424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

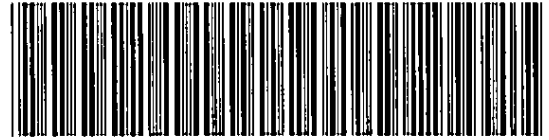
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUN 18 2021

T. SCOTT



000366440290

06/10/21--01025--019 **137.50

FILED
2021 JUN 10 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: UNIVERSAL HEALTH SERVICES, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

UNIVERSAL HEALTH SERVICES, INC.

Name (printed or typed)

12031 CYPRESS LINKS DRIVE

Address

FORT MYERS, FL 33913

City, State & Zip

269-830-2111 / 239-450-2105

Daytime Telephone Number

MARIE@MARIECPA.COM

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

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, ROGER KEVIN HALL, PRESIDENT
(Name) (Title)
of UNIVERSAL HEALTH SERVICES, INC. a foreign Corporation
(Corporation Name)
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was AUGUST 23, 2013
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MICHIGAN
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was UNIVERSAL HEALTH SERVICES, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is UNIVERSAL HEALTH SERVICES, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was MICHIGAN
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am ROGER KEVIN HALL of UNIVERSAL HEALTH SERVICES, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 4TH day of JUNE, 2021



(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

FILED
2021 JUN 10 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

UNIVERSAL HEALTH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

11958 CYPRESS LINKS DRIVE, FORT MYERS, FL 33913

11958 CYPRESS LINKS DRIVE, FORT MYERS, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

WE ARE DEDICATED TO IMPROVING INDIVIDUALS' LIVES BY PROVIDING PROFESSIONAL, SPIRITUAL,
MENTAL, EMOTIONAL, AND PHYSICAL SERVICES WITHIN OUR COMMUNITY. OUR MISSION IS ACCOMPLISHED
THROUGH EDUCATION, MOTIVATIONAL SPEAKING, AND COUNSELING.

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, AND SCIENTIFIC
PURPOSES. INCLUDING FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS
THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE
CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

FILED
2021 JUN 10 PM 12:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AT EACH ANNUAL MEETING OF MEMBERS, THE MEMBERSHIP SHALL ELECT DIRECTORS
TO HOLD OFFICE UNTIL THE NEXT ANNUAL MEETING. EACH DIRECTOR SHALL HOLD OFFICE
UNTIL THE EXPIRATION OF THE TERM FOR WHICH HE WAS ELECTED AND UNTIL HIS SUCCESSOR
HAS BEEN ELECTED AND SHALL HAVE QUALIFIED, OR UNTIL HIS PRIOR RESIGNATION OR REMOVAL.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

ROBER K. HALL, PRESIDENT
11958 CYPRESS LINKS DR
FORT MYERS, FL 33913

Title/Name

TAMRA HALL, SECRETARY
11958 CYPRESS LINKS DR
FORT MYERS, FL 33913

Title/Name

THOMA SE. BILBRUCK, VP
13245 HAMPTON PARK CT.
FORT MYERS, FL 33913

Title/Name

KATHY BILBRUCK, TREASURER
13245 HAMPTON PARK CT.
FORT MYERS, FL 33913

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT K. HALL

11958 CYPRESS LINKS DR

FORT MYERS, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

MARIE J. GRASMEIER

12031 CYPRESS LINKS DR

FORT MYERS, FL 33913

Having been named as registered agent and 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.



Signature/Registered Agent

6-4-21
Date