

N220000611963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

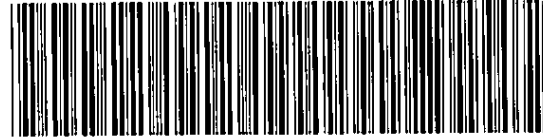
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

OCT 20 2022

10/14/22--01006--017 **70.00

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
22 OCT 18 AM 9:36

RECEIVED
2022 OCT 14 PM 2:16
TALLAHASSEE, FLORIDA



2022 OCT 18 PM 3:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2022

CAPITAL CONNECTION

SUBJECT: ULHC, INC
Ref. Number: W22000130467

We have received your document for ULHC, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please provide the title of the person that is listed in article V.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 722A00023136

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ULHC, INC

Signature _____

Requested by: SETH

10/07

Name

Date

Time

Walk-In

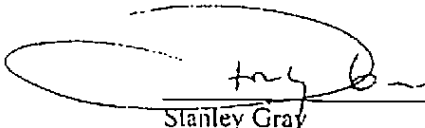
Will Pick Up

174 Pender's Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

WAIVER

I, Stanley Gray, as the sole Member of ULHC, LLC, hereby state that I have no intent to file a revocation of dissolution as to ULHC, LLC, at this time and I give permission for ULHC, INC., to be formed with the same or similar sounding name.


Stanley Gray

Dated: October 13, 2022.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 OCT 18 AM 9:36

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

ARTICLE I NAME

The name of the corporation shall be: ULHC, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1250 RAY CHARLES BOULEVARD
TAMPA, FL 33602

Mailing address, if different is:
P.O. BOX 130303
TAMPA, FL 33681

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To obtain donations of various kinds and from various sources, both private and public, to be used to enable African-American, Latinxs, the poor, and other disadvantaged to secure economic self-reliance, parity and power and civil rights.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

The Executive Director will appoint the directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STANLEY GRAY, PRESIDENT
Address: 1250 RAY CHARLES BOULEVARD
TAMPA, FL 33602

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

22 OCT 18 AM 9:36
SECRET
DIVISION OF CORPORATIONS

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: KRISTOPHER E. FERNANDEZ

Address: 114 S. FREMONT AVENUE

TAMPA, FL 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KRISTOPHER E. FERNANDEZ

Address: 114 S. FREMONT AVENUE

TAMPA, FL 33606

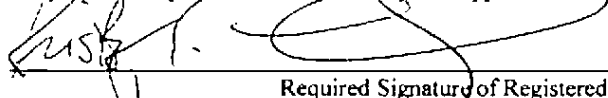
ARTICLE VIII EFFECTIVE DATE:

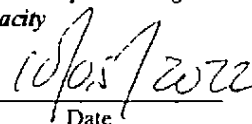
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

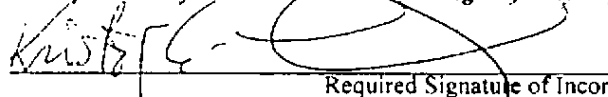
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

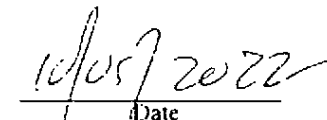
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent


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


Date

FILED
SECTION 10
DIVISION OF CORPORATIONS
22 OCT 18 AM 9:36