

PD4600063050

(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



900032585159

FILED

2004 APR 14 P 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/14/04 --01019--025 **393.75

RECEIVED
04 APR 14 AM 11:30
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Universal Protection Financial Corporation
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

UNIVERSAL PROTECTION FINANCIAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5783 SW 40 ST
305
MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JUAN L. RAMOS (P)
5783 SW 40 ST
305
MIAMI, FL 33155

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

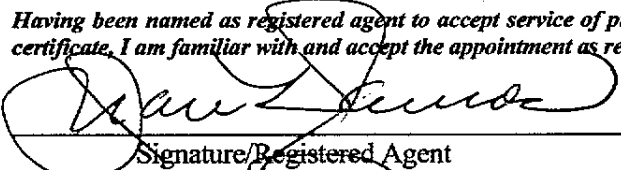
JUAN L. RAMOS
5783 SW 40 ST
305
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN L. RAMOS
5783 SW 40 ST
305
MIAMI, FL 33155

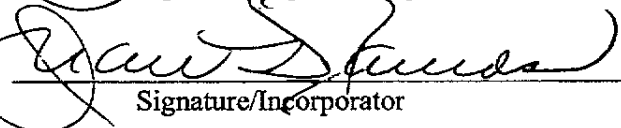
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04-13-2004

Date



Signature/Incorporator

04-13-2004

Date

FILED
2004 APR 14 P 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA