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SECRETARY OF STATE TALLAMOSSEE PM 2: 43

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TRANSMITTAL LETTER

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

SUBJECT: Utility	y Payment and Mail Center, Inc.			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	ODESUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Walter C. Shepard, Attorney		and the state of t	
	Name (Printed or typed)			
	P.O. Box 68		<u></u>	
	A	Address		
	Cocoa, FL 32923-0068		<u></u>	
	City,	State & Zip		
	(321) 636-7700		er er	
Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE TALLAHASSEEL LORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Utility Payment & Mail Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1652 South Fiske Boulevard, Rockledge, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the business of receiving payments from consumers for services and products provided by vendors, and to process those payments in accordance with the vendors' instructions. To receive, package, address and handle parcels for mailing and shipment per the sender's instructions. To organize, manage and conduct any lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

Ten thousand (10,000:00) shares of no par value common stock, all of which shares shall be fully paid and non-assessable. Shareholders shall have no personal liability for debts of the corporation

<u> ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

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

David C. Ray - 1652 South Fiske Boulevard, Rockledge, FL 32955 - President, Secretary, Treasurer and Director.

ARTICLE VI REGISTERED AGENT

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

David C. Ray - 1652 South Fiske Boulevard, Rockledge, FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David C. Ray - 1652 South Fiske Boulevard, Rockledge, FL 32955

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 David C. Ray

Date

Coul C dos 47-05

Signature/Incorporator

David C. Ray