

POS100098745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

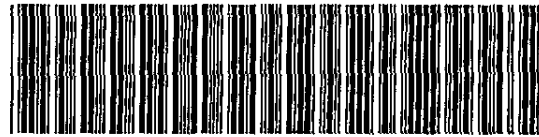
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05 JUL 13 PM 3:32

J. Shivers JUL 14 2005

105-32803

## TRANSMITTAL LETTER

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

SUBJECT: UNIVERSAL DISTRIBUTING INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: William P. Sabarese  
Name (Printed or typed)

6302 Emerald Sky Lane  
Address

Greenacres, FL 33463  
City, State & Zip

561.572.5085  
Daytime Telephone number

05 JUL 13 PM 4:33  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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)

### **ARTICLE I NAME**

The name of the corporation shall be:

UNIVERSAL DISTRIBUTING Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6302 Emerald Sky Lane  
Greenacres, FL 33463

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Sales of products.

### **ARTICLE IV SHARES**

The number of shares of stock is:

50

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

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

William P. Sabarese-President

Sandra I. Sabarese-Bookkeeper

### **ARTICLE VI REGISTERED AGENT**

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

6302 Emerald Sky Lane  
Greenacres, FL 33463

William P. Sabarese

### **ARTICLE VII INCORPORATOR**

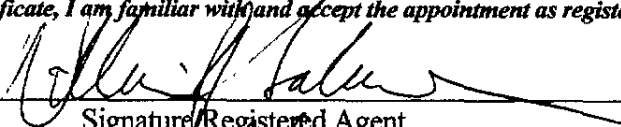
The name and address of the Incorporator is:

William P. Sabarese  
6392 Emerald Sky Lane  
Greenacres, FL 33463

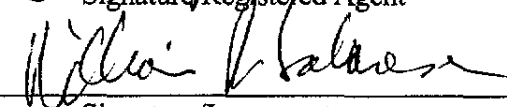
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DIVISION OF  
CORPORATION

\*\*\*\*\*

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

7-12-05  
Date

  
Signature/Incorporator

7-12-05  
Date