

P0500000134575

(Requestor's Name)

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☐ PICK-UP

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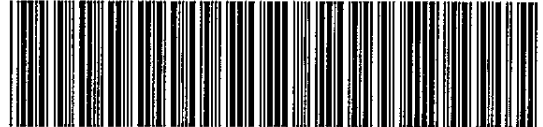
(Business Entity Name)

(Document Number)

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05 OCT -2 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/3/05 PK

005-43450

TRANSMITTAL LETTER

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

SUBJECT: Universal Medical Corporation  
(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: M. W. Roberts  
Name (Printed or typed)

Po Box 37917  
Address

JACKSONVILLE, FL 32236  
City, State & Zip

904 781-8000  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 19, 2005

M.W. ROBERTS  
P.O. BOX 37917  
JACKSONVILLE, FL 32236

SUBJECT: UNIVERSAL MEDICAL CORPORATION  
Ref. Number: W05000043450

We have received your document for UNIVERSAL MEDICAL CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 245-6840.

Bruce W Kitchens  
Document Specialist  
New Filings Section

Letter Number: 705A00057502

# 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 Medical Corporation~~  
UNIMED FINANCIAL GROUP, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4601-200 Bulls Bay Highway  
JACKSONVILLE, FL 32219

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mailing PO Box 37917  
JACKSONVILLE, FL 32236  
Marketing & Promoting products & services that encourage family values through  
natural remedies & health protection.

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

M.W. Roberts, Dir/President  
T.W. Myers, Dir/Vice President

## ARTICLE VI REGISTERED AGENT

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

T.W. Myers  
4601-200 Bulls Bay Highway  
JACKSONVILLE, FL 32219

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M.W. Roberts  
4601-200 Bulls Bay Highway  
JACKSONVILLE, FL 32219

\*\*\*\*\*  
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 T.W. Myers

Date

08/30/2005

Signature/Incorporator M.W. Roberts

Date

08/30/2005