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Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Rick up time 200 Walk in Certified Copy ☐ Will wait Mail out Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal Other ☐ Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### **ARTICLE I - NAME**

Universal Medical plan corp.

**ARTICLE II - PRINCIPAL OFFICE** 

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

6517 Taft ST Hollywood fl. 33024

# <u>ARTICLE III - SHARES</u>

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS** 

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Humberto Urbina 11724 N.W. 5 ST plaintation fl.333325

#### **ARTICLE V - INCORPORATOR**

ARTICLES OF INCORPORATION IS:
Hemberto Urbina
11724 N.W. 6 ST plaintation fl. 33335
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS!
SIGNATURE
ARTICLE VI - DIRECTOR(S)
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):
- Homberto Urbina 11724 N.W. 5 ST plaintation fl. 333325
laria Urbina (Vice Gresident.)
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED
OFFICE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE