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(Re	equestor's Name)			
(Ac	ldress)			
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(Cì	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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T. Burch AUG 1 4 2007

TRANSMITTAL LETTER

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

SUBJECT: U	Need It SEM, Inc.			
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed are a	n original and one (1) copy of the	he articles of incorporation	on and a check for:	
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUESTED	
FROM:	Patricia J. Bain N	Jame (Printed or typed)		
10706 Preserve Lake Dr. 207 Tamp FL 33626 Address				
	(813) 220-3485	rtime Telenhone Number		

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

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

ARTICLE I NAME

The name of the corporation shall be: U Need It SEM, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

10706 Preserve Lake Dr. 207 Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

Patricia J Bain

10706 Preserve Lake Dr. 207 Tampa FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia J Bain

10706 Preserve Lake Dr. 207 Tampa FL 33626

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

Signature/Incorporator

Date

Date

2007 AUG 13 PH 1: