

P07000100866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

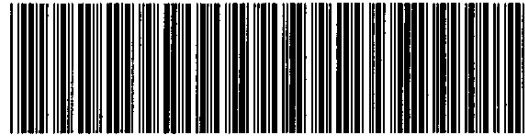
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/07--01017--009 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 10 PM 2:09

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: USA LOSS 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:

TODD L. ALBANESE

Name (Printed or typed)

113 NW 9 ST.

Address

BOLA RATON FL. 33432

City, State & Zip

561.436.8000

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)

ARTICLE I NAME

The name of the corporation shall be: **USA LOSS INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **113 NW 9 ST
BOCA RATON, FL 33432**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROFIT**

ARTICLE IV SHARES

The number of shares of stock is: **ONE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): **TODD L. ALBANESE
113 NW 9 ST.
BOCA RATON, FL. 33432
PRESIDENT**

ARTICLE VI REGISTERED AGENT

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

**TODD ALBANESE
113 NW 9 ST
BOCA RATON, FL. 33432**

ARTICLE VII INCORPORATOR

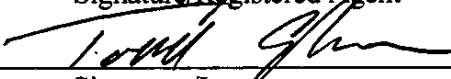
The name and address of the Incorporator is:

**TODD L. ALBANESE
113 NW 9 ST
~~TODD L. ALBANESE~~ BOCA RATON, FL. 33432**

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

9/5/07

Date

9/5/07

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 10 PM 2:05

APPROVED
AND
FILED