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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

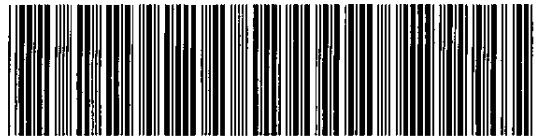
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## COVER LETTER

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

**SUBJECT:** Unitedfmo, 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:** Robert G. Stevens

Name (Printed or typed)

10134 Balcony Street

Address

New Port Richey, Florida 34655

City, State & Zip

727-376-8444

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:

United FMO, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

10134 Balcony Street  
New Port Richey, FL 34655

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any Business

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Robert G. Stevens CEO  
10134 Balcony Street  
New Port Richey, Florida 34655

### **ARTICLE VI REGISTERED AGENT**

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

Robert G. Stevens  
10134 Balcony Street  
New Port Richey, Florida 34655

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert G. Stevens  
10134 Balcony Street  
New Port Richey, Florida 34655

\*\*\*\*\*

*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*

Robert G. Stevens  
Signature/Registered Agent

2-9-09  
Date

Robert G. Stevens  
Signature/Incorporator

2-9-09  
Date

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