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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

uti services, inc.

| Certificate of Status | 0 |
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EMPIRE CORP KIT

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ARTICLES OF INCORPORATION OF

.UTI SERVICES, INC.

a Florida Corporation

ARTICLE I: NAME

The name of this corporation is:

UTI SERVICES, INC.

ARTICLE II: DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III: PURPOSE

The corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV: CAPITAL STOCK

This corporation is authorized to issue sixty (60) shares of NO PAR VALUE common stock, which shall be designated "Common Stock".

Prepared by: Jesus F. Bujan, Esquire 782 N.W. Lejeune Road, Suite 530 Miami, Florida 33126 (305) 442-1439 Florida Bar No. 401560

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ARTICLE V: PREEMPTIVE RIGHTS

Every shareholders, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI: INTIAL REGISTERED OFFICE AND AGENT

The street address of the principal office of this corporation is:

7175 S.W. 8 Street, #212 MIAMI, FLORIDA 33144

The name of the initial registered agent of this corporation is:

DIANA RIVERA

ARTICLE VII: INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) director(s), initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of this corporation is (are):

DIANA RIVERA

7175 S.W. 8 Street, #212 MIAMI, FLORIDA 33144

CYNTHIA C. FERNANDEZ

7175 S.W. 8 Street, #212 MIAMI, FLORIDA 33144

ARTICLE VIII: INDEMNIFICATION

The corporation shall indemnify any officer or director, or any formal officer or director, to the full extent permitted by law.

ARTICLE IX: INCORPORATORS

The name and address of the person(s) signing these articles of incorporation is (are):

DIANA RIVERA 7175 S.W. 8 Street, #212
MIAMI, FLORIDA 33144

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|---|-----------|------------------|---|---------|-------------|
| IN WITNESS WHEREOF, the und | dereigned | subscr | iber(s) h | as (ha | Ye) |
| executed these Articles of Inco | rporation | this | 1 | day | of |
| S-ofen6, 2009. | | | | | |
| Liava Pinerai | | | | | |
| STATE OF FLORIDA | | | | | |
| | | | | | |
| BEFORE ME, the undersigned au RIVERA known to me and known by me the foregoing Articles of incorporation, he/she executed the same for the purpose. | to be the | person wledge | n(s) who ed befor | execut | ed |
| The foregoing instrument was a day of May, 2009 by DIANA RIVE or who has produced | RA who is | person | ally kno | wn to n | ne |
| did take an oath. | · | | | | |
| AS2 | | | | | |
| Notary Public, State of Florida My Commission Expires: | | a - | BUS F. BUMAN | | |
| my confination copies: | | P.P. | NASSION # D.D O RESt June 80, 20 In National Public Unite | 12 | |

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF PROCESS MAY BE EFFECTIVE

IN COMPLIANCE with Section 607.034 of the Florida Statutes, the following is submitted:

UTI SERVICES, INC.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Miami, County of Miami-Dade, State of Florida, has named:

DIANA RIVERA

as its agent to accept service of process within the State of Florida, with the registered address as:

7176 S.W. 8 Street, #212 MIAMI, FLORIDA 33144

<u>ACKNOWLEDGMENTS</u>

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE MENTIONED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

DATED: THIS ___ DAY OF

REGISTERED AGENT

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