

PD9000083312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

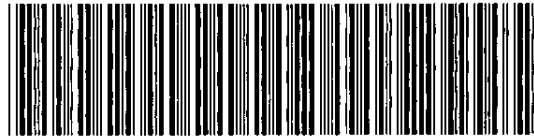
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900160602399

10/08/09--01005--025 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 OCT -8 PM 1:58
NO. ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
09 OCT -8 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS
10/8

COVER LETTER

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

SUBJECT: UNITED MERCANTILE SOLUTIONS 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:

ANTHONY CAMMARATA

Name (Printed or typed)

2110 GIBBS DRIVE

Address

TALLAHASSEE, FL 32303

City, State & Zip

(850) 284-3421

Daytime Telephone number

MYUMSI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT - 8 PM 2:01

FILED

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 MERCANTILE SOLUTIONS INC**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: **2110 Gibbs Drive
Tallahassee, FL 32303**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **business for profit.**

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):
**ANTHONY CAMMARATA
2110 Gibbs Drive
Tallahassee, FL 32303
President**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
**ANTHONY CAMMARATA
2110 Gibbs Drive
Tallahassee, FL 32303**

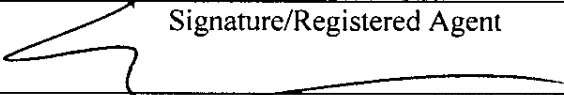
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
**ANTHONY CAMMARATA
2110 Gibbs Drive
Tallahassee, FL 32303**

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

10/8/2009

Date

10/8/2009

Date

FILED
09 OCT - 8 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA