

P18000087404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

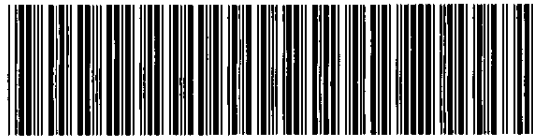
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/27/10--01003--015 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 27 AM 9:59  
NOT PREPARED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
10 OCT 27 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-27-10  
WC

COVER LETTER

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

SUBJECT: Universal Coatings 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: M. Grant  
Name (Printed or typed)

93 Pixie Cir  
Address

Crawfordville FL 32327  
City, State & Zip

850-926-7246  
Daytime Telephone number

Dstewart.UCI@comcast.net  
E-mail address: (to be used for future annual report notification)

**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: Universal Coatings Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
93 Pixie Cir  
Crawfordville, FL  
32327

Mailing address, if different is:  
93 Pixie Cir  
Crawfordville, FL 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: M. Grant - Pres.  
Address: 93 Pixie Cir  
Crawfordville, FL 32327

Name and Title: 1  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: M. Grant  
Address: 93 Pixie Cir  
Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: M. Grant  
Address: 93 Pixie Cir  
Crawfordville, FL 32327

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

Michelle Lyant  
Required Signature/Registered Agent

10/27/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michelle Lyant  
Required Signature/Incorporator

10/27/10  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA