

P110000026249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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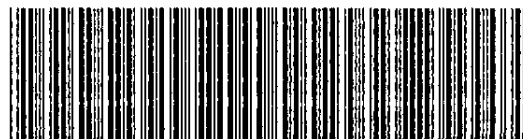
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: USPT, 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: Thomas Cartwright

Name (Printed or typed)

10 Perriwinkle Cir

Address

Stuart, FL 34996

City, State & Zip

772-763-3336

Daytime Telephone number

anna@usptinc.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

USPT, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

10 Perriwinkle Cir.

Stuart, FL 34996

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

wholesale distribution of games and game tables

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Cartwright, President

Address: 10 Perriwinkle Cir.

Stuart, FL 34996

Name and Title: _____

Address: _____

Name and Title: Anna Cartwright, Vice President

Address: 10 Perriwinkle Cir.

Stuart, FL 34996

Name and Title: _____

Address: _____

Name and Title: Anna Cartwright, Secretary

Address: 10 Perriwinkle Cir.

Stuart, FL 34996

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: Thomas Cartwright

Address: 10 Perriwinkle Cir.

Stuart, FL 34996

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas Cartwright

Address: 10 Perriwinkle Cir.

Stuart, FL 34996

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

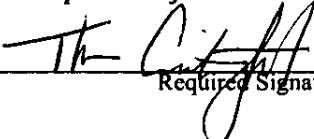


Required Signature/Registered Agent

March 7, 2010

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.



Required Signature/Incorporator

March 7, 2010

Date

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TALLAHASSEE, FLORIDA