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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dec 6/9

COVER LETTER

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

SUBJECT: UNIVERSAL STROLLERS, 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: MUSTAPHA IDAHMED
Name (Printed or typed)

5245 Hawk DR
Address

Kissimmee FL 34746
City, State & Zip

(407) 508-20-20
Daytime Telephone number

UNIVERSAL STROLLERS @ Gmail. com
E-mail address: (to be used for future annual report notification)

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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

The name of the corporation shall be: UNIVERSAL STROLLERS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5245 Hawk DR
Kissimmee FL 34746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RENT STROLLERS to Customers.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mustapha idahmed
Address: 5245 Hawk DR
Kissimmee FL
34746

(president)

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Mustapha idahmed
Address: 5245 Hawk DR
Kissimmee FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mustapha idahmed
Address: 5245 Hawk DR
Kissimmee FL 34746

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TALLAHASSEE, FLORIDA

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

6/4/2011

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

6/4/2011

Date