

P11000075766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

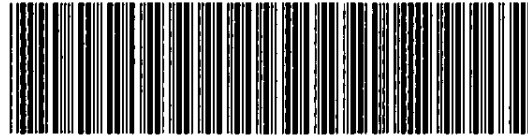
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500211227215

08/24/11--01007--018 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 24 AM 11:00

Ps 8/20/11

COVER LETTER

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

SUBJECT: **PHONE UNIVERSE CORP**
(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: BRUNA Y. VASQUEZ
Name (Printed or typed)

217 SANTA BARBARA BLVD
Address

CAPE CORAL, FL 33991
City, State & Zip

786-253-4927
Daytime Telephone number

pilotod@msn.com
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: PHONE UNIVERSE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4506 DEL PRADO BLVD
CAPE CORAL, FL 33904

Mailing address, if different is:

11 AUG 24 AM 11:00

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRUNA Y IVASQUEZ
Address: 217 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

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: BRUNA Y IVASQUEZ
Address: 217 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRUNA Y IVASQUEZ
Address: 217 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

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

X [Signature]
Required Signature/Registered Agent

08-19-11
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.

X [Signature]
Required Signature/Incorporator

08-19-11
Date