

712000006772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

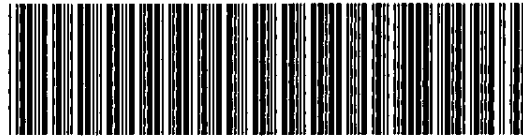
(Business Entity Name)

(Document Number)

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

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2012 JAN 19 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2012

## COVER LETTER

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

SUBJECT: UNIVERSAL SOLUTIONS FOR LESS, 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: GRACIELA CORVO  
Name (Printed or typed)  
1085 WEST 66 STREET  
Address  
HIALEAH, FL 33012  
City, State & Zip  
305-479-3301  
Daytime Telephone number  
CORVOGRACE@YAHOO.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**

The name of the corporation shall be:

UNIVERSAL SOLUTIONS FOR LESS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1085 W. 66 STREET

HIALEAH, FL 33012

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO MEET AND COMPLETE DOCUMENTS WITH PROSPECTIVE CLIENTS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PRESIDENT, VICE PRESIDENT,

Address: SECRETARY AND TREASURER

GRACIELA CORVO

1085 W. 66 STREET, HIA, FL 33012

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: GRACIELA CORVO

Address: 1085 W. 66 STREET

HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

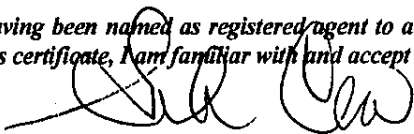
The name and address of the Incorporator is:

Name: GRACIELA CORVO

Address: 1085 W. 66 STREET

HIALEAH, FL 33012

*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*

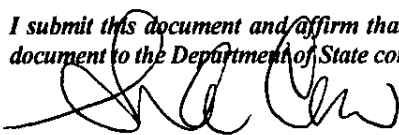


Required Signature/Registered Agent

January 16, 2012

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

January 16, 2012

Date

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