

P12000029751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

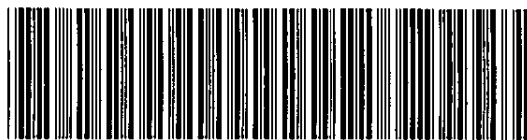
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300226240403

03/28/12--01017--007 \*\*79.00

RECEIVED

12 MAR 28 PM 12:36

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

12 MAR 28 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

h 03/28/12

## COVER LETTER

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

SUBJECT: United Epic Group, 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: United Epic Group, INC  
Name (Printed or typed)  
1049 Sutor Road  
Address  
Tallahassee, Florida 32311  
City, State & Zip  
850 - 322 - 8649  
Daytime Telephone number  
Step1carter@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

United Epic Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1049 Sutor Rd  
Tallahassee, FL 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Services for  
Clerical, Janitorial, Construction Labor

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jermaine Williams - P  
Address: 1049 Sutor Road  
Tallahassee, FL 32311

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

Name and Title: Voi Williams - D  
Address: 1049 Sutor Road  
Tallahassee, FL 32311  
CDOWNER

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: Jermaine Williams  
Address: 1049 Sutor Road  
Tallahassee, Florida 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jermaine Williams  
Address: 1049 Sutor Rd  
Tallahassee, FL 32311

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

3/28/12  
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

3/28/12  
Date

FILED  
12 MAR 28 PM 12:50  
TALLAHASSEE, FLORIDA