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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

RECEIVED JUL - 2 2012

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
PRIMESTAR UNIVERSAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Handwritten initials/signature

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**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:

PRIMESTAR UNIVERSAL, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

10380 SW VILLAGE CENTER DRIVE, STE 330  
PORT SAINT LUCIE, FL 34987

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT  
ROBERT SHOCKEY  
10380 SW VILLAGE CENTER DRIVE, STE 330  
PORT SAINT LUCIE, FL 34987

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PAGE 2 PRIMESTAR UNIVERSAL, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ROBERT SHOCKEY  
10380 SW VILLAGE CENTER DRIVE, STE 330  
PORT SAINT LUCIE, FL 34987

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

ROBERT SHOCKEY  
10380 SW VILLAGE CENTER DRIVE, STE 330  
PORT SAINT LUCIE, FL 34987

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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.

  
\_\_\_\_\_  
ROBERT SHOCKEY / Registered Agent

7/2/2012  
Date

  
\_\_\_\_\_  
ROBERT SHOCKEY /Incorporator

7/2/2012  
Date

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