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	(Requ	estor's Name)	
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			,
	(City/S	State/Zip/Phon	ie #) [,]
PICK-U	P	☐ WAIT	MAIL,
	(Busin	ess Entity Na	me)
	(Docui	ment Number)
Certified Copies		Certificate	s of Status
Special Instruction	s to Fili	ng Officer:	
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J. SHIVERS NOV 1 9 2012

COVER LETTER

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

SUBJECT:	USUM, INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00	5 (\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
FROM:	1725 N. NEW	DNIAS (Printed or typed) EIVER CANA	1 <u>RD #425</u>	
	•	Address		
	PLANTATION City,	State & Zip	24	
	954-85	1-6600 elephone number		
	Daytime T	1		
<u>-</u>	0et777	@ amail.	<u>COM</u>	
	E-mail address: (to be use	d 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)

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
The name of the corporation shall be: USUM, INC				
ARTICLE II PRINCIPAL OFFICE Principal street address 9725 N. NEW RIVER CANALD #426 Mailing address PLANTA UON PLANTA UN PURPOSE				
The purpose for which the corporation is organized is: (D) TRANSACT LEC	FAL BUSINES			
ARTICLE IV SHARES The number of shares of stock is: [000]				
Name and Title: OPYLUE THOMAS PURSume and Title: Address: G775 N. NEWRIVER (Address) 20 # 426				
Name and Title: VONNIE ROCHESTER—Name and Title: Address: 3775 A NEW RIVER Address: 25 #425				
Name and Title: Address: Address: Name and Title: Address:				
ARTICLE VI REGISTERED AGENT	7A 2			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	HOV HOV			
100-1111- THEM'S	祖 マーニー			
Address: 9775 N. NEW RIVER CANAL RD #425	FILED 16 AI ARY O			
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:	954 0.			
Name: DEVILLE THOMAS Address: 9725 N NEW PIVER CANAL RIS #4 PLATNIAN, FL 3332A	25 DH 36			
Having been named as registered agent to accept service of process for the above stated corporatio				
this certificate, I am familian with and accept the appointment as registered agent and agree to act in	this capacity			
Mellyn	NN 14, 2012			
Required Signature/Registered Agent	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 Noird degree felony as provided for in s.817.155, F				
Mellinan	NN 14 2012			
Required Signature/Incorporator	Date ' l			