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COVER LETTER

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

SUBJECT:	UNIVERSAL					
	(PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)			
F 1 1		.1	lll- 6			
Enclosed are an o	riginal and one (1) copy of the arti	cies of incorporation and	a check for:			
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED					
FROM: TOSE SANTOS Name (Printed or typed) 1234 CLYDE JONES RD. Address						
_	SARAS OTA	FL	34243			
_	941 388	State & Zip 8 966				
_	Daytime Telephone number					
_	UNIVERSAL FLIGHT		•			
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 The name of the co	NAME proporation shall be:	UNIVERSAL	- FLICH	TSERVICES	INC
ARTICLE II	Principal sti	eet address		Mailing address, if differe	ent is:
SARASOI	A FL	JONES RD. 34243	-		
	PURPOSE hich the corporation	on is organized is:	ANS PORTAT		
					13 APR -
					A H
					-
Name and		CERS AND/OR DIRECT		:	
Address	José		Address		
	SARASO		<u>43</u> (40		
Name and	Title: VP/	ASST MGR ANDREWS	Name and Title		
Address	1234	ANDREWS CLYDE JONES	Address:		
	SARASOT		4243		
Name and				·	
Address			Address:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable Name: Name: JOSÉ SANTOS Address: 1234 CLYDE JONES SARASOTA PL 342	13 APR -1
The name and address of the Incorporator is:	AHII: 14
Name: JOSE SANTOS Address: 1234 CLYDE JONE SARASOTA L 3424	<u>z</u> RD
Having been named as registered agent to accept service of proceed this certificates I am familiar with and accept the appointment as Required Signature/Registered Agent	registered agent and agree to act in this capacity
Required Signature/Registered Agent	/ Bate
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree feature. Required Signature/Incorporator	lony as provided for in s.817.155, F.S.