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## COVER LETTER

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

SUBJECT: Uniform Critics, Inc. (PROPOSED CORPORA)	TE NAME - MUST INCLUDE SUFFIX)		
finclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
	ADDITIONAL COLT REQUIRED		
FROM: Gregory W. Bee  Name (Printed or typed)  425 Walnut Street Suite 1800 Address  Cincinnati OH 45202			
Cincinnati, OH 45202 City, 5 513-357-9673	·		
Daytime Te	elephone number		
bee@taftlaw.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)

13 JUN 10 PM 1: 17

			40 000 FO 111 I
ARTICLE I The name of the co			
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Malling address, i	f different is:
2	60 Wekiya Springs Road	P.O. Box 914700	
Ş	uite 1040	Longwood FL 327	91
L	ongwood FL 32779		
ARTICLE III	PURPOSE		•
	hich the corporation is organized is:		•
States of Am	ion shall engage in any activities or b erica and the laws of the State of Flo	ousiness permitted under th rida.	e laws of the United
•			
ARTICLE IV	SHARES 400		
The number of shar	es of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR tle:D. Gene Roberts (Director)	<u>(S</u> ,	
Address:	260 Wekiva Springs Road	Address	<u> </u>
Addicas.	Longwood FL 32779		<del>                                     </del>
	.Eurgwood-rb21.1.3	• • • • • • • • • • • • • • • • • • • •	
	tle:	Name and Title:	<u> </u>
Address:		Address:	<u> </u>
	• ····································		1
Name and Ti	tle:	Name and Title:	
Address:		Address:	
		-	<u> </u>
•			
ARTICLE VI	REGISTERED AGENT		
The name and Flor	rida street address (P.O. Box NOT acceptable) of	f tho registered agent is:	
Name:	D. Gene Roberts	<u>.</u>	
Address:	260 Wekiva Springs Road Longwood FL 32779	_	
	Longwood FL 32779	<del>_</del>	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:	•	
Name:	D. Gene Roberts		
` Address:	260 Wekiva Springs Road Longwood FL 32779	 	1
Maulus Lass name	ud an nambahanad annana da manana aanudan of manana	- for the -Laure stated	dha shaa dadan dad la
	d as registered agent to accept service of process of amiliar with and accept the appointment as reg		
ins conjugac, 1 an	/ /_ /_ uccept the appointment us reg		1 .
247	Teleto		6/5/13
	Required Signature/Rogistered Agent		Dale
	•		
I submit this document	ment and offirm that the facts stated herein are	true. I am aware that the false in	formation submitted in a
document to the De	partment of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	!
	111-1		15/2
	exclus		6/5/13
	Required Signature/Incorporator		Date