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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAW OFFICE OF LARRY WANG, LLC

Account Number : I20130000086

Phone

: (904)217~4514

Fax Number

: (866)230-6060

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FLORIDA PROFIT/NON PROFIT CORPORATION

**Universal Computer Suppy Corp** 

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## ARTICLES OF INCORPORATION . In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRI				_	
	NCIPAL OFFICE Principal street address		Mailing address, if different is:		
	se Pond Road tine, FL 32092				<u> </u>
TICLE III PUR	POSE				_
purpose for which t	POSE he corporation is organized is: any lawf	ui pusiness	including web-based	Sale	?S. ~—
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				<b>X</b>	S
<u></u>					Z.
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17C7.It 17	TAT. OPFICEDS AND/OD DIDECTOR	<b>e</b>			
Name and Title	TAL OFFICERS AND/OR DIRECTOR  A. Robert Holness, President & Treasurer		;		
	A Robert Holmans President & Transverse	- Name and Title			
Name and Title	A. Robert Holness, President & Treasurer	Name and Title			
Name and Title	A. Robert Holness, President & Treasurer 1296 Paradise Pond Road	Name and Title Address:			
Name and Title	A. Robert Holness, President & Treasurer 1296 Paradise Pond Road Saint Augustine, FL 32092	Name and Title Address:			
Name and Title Address  Name and Title:	A. Robert Holness, President & Treasurer 1296 Paradise Pond Road Saint Augustine, FL 32092	Name and Title Address: Name and Title			
Name and Title Address  Name and Title: Address	A. Robert Holness, President & Treasurer 1296 Paradise Pond Road Saint Augustine, FL 32092	Name and Title Address:  Name and Title Address:			
Name and Title Address  Name and Title: Address	A. Robert Holness, President & Treasurer 1296 Paradise Pond Road Saint Augustine, FL 32092	Name and Title Address:  Name and Title Address:			

	•		(conti.)
Name a	nd Title:	Name and Title:	
Addres	s	Address:	
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
The name and F	Corida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	A. Robert Holness		•
Address:	1296 Paradise Pond Road		
	Saint Augustine, FL 32092		
ARTICLE VII	INCORPORATOR		
The name and n	ddress of the Incorporator is:		
Name:	Larry Wang, Esquire		
Address:	100 State Road 13 N, Ste C		
	Fruit Cove, FL 32259		
Hadaa kaa	med on configuration and an append assesses of management	Part the schools admit a commence that a school of	
	med as registered agent to occupt service of process am familiar with and accept the appointment as reg		aesignaiea in
A.	elect Thenan		
	Required Signature/Registered Agent	Date	<u> </u>
I submit this do	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information s	ubmitted in a
	Required Signature/Incorporator		ite