

P14 0000 36877

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: United Billionaire Universe, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Louisius Sanon

Name (Printed or typed)

1105 Alabama Ave

Address

Fort Lauderdale, FL 33312

City, State & Zip

754-423-2149

Daytime Telephone number

realityp54@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2014

LOUISIUS SANON  
1105 ALABAMA AVENUE  
FT. LAUDERDALE, FL 33312

SUBJECT: BANK OF ASSET, INC.  
Ref. Number: W14000018418

We have received your document for BANK OF ASSET, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 814A00006208

**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:

**United Billionaire Universe, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1105 Alabama Ave**

**Fort Lauderdale, FL 33312**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The corporation may engage in any Activity or business permitted under the laws of the State of Florida.**

**ARTICLE IV SHARES**

1000 Common Shares Par value \$10.00

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Louisius Sanon Onwer**

Address: **1105 Alabama Ave  
Fort lauderdale, FL  
33312**

Name and Title: **Louisius Sanon C.E.O**

Address: **1105 Alabama Ave  
Fort Lauderdale, FL  
33312**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 26 AM 10:04

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: Louisius Sanon  
Address: 1105 Alabama Ave  
Fort Lauderdale, FL 33312

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Louisius Sanon  
Address: 1105 Alabama Ave  
Fort Lauderdale, FL 33312

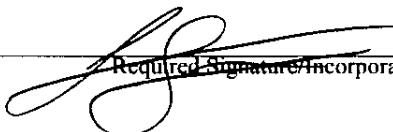
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
  
Required Signature/Registered Agent

04/15/2014

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 third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
  
Required Signature/Incorporator

04/15/2014

Date