

P14000075300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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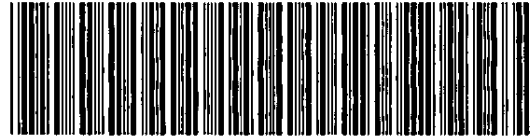
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~ 09/11/14

COVER LETTER

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

SUBJECT: Universal Merchants and Managers, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: John F. Martin

Name (Printed or typed)

75 East Market Street

Address

Akron, Ohio 44308

City, State & Zip

(330) 255-1157

Daytime Telephone number

jfmartin@bmdllc.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)

ARTICLE I NAME

The name of the corporation shall be: Universal Merchants and Managers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

123 SE 6th Street

Cape Coral, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Cavanaugh, President

Address: 123 SE 6th Street
Cape Coral, FL 33990

Name and Title: Thomas Cavanaugh, Treasurer

Address: 123 SE 6th Street
Cape Coral, FL 33990

Name and Title: Thomas Cavanaugh, Secretary

Address: 123 SE 6th Street
Cape Coral, FL 33990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL 32301

(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: BMD Florida Service, LLC
Address: 800 West Monroe St.
Jacksonville, FL 32202

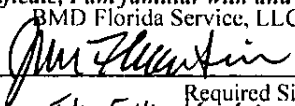
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ARTICLE VII INCORPORATOR

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

Name: John F. Martin
Address: 75 East Market Street
Akron, Ohio 44308

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

By: 
BMD Florida Service, LLC
John F. Martin, Vice President
Required Signature/Registered Agent

9/9/2014
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

9/9/2014
Date