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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 29 2014

T. SCOTT

## COVER LETTER

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

**SUBJECT: UNIVERSAL SHOOTING ACADEMY, 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: Frank W. Garcia**

Name (Printed or typed)

**P.O. Box 777**

Address

**Frostproof, Florida 33843**

City, State & Zip

**(863)528-0425**

Daytime Telephone number

**frankgarciausa@yahoo.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 SHOOTING ACADEMY, INC.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

**4330 Hwy 630 East**

**Frostproof, Florida 33843**

Mailing address, if different is:

**P.O. Box 777**

**Frostproof, Florida 33843**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**Retail Sales.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**1000**

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

Name and Title:

**Rhonda R. Garcia, President**

Address

**P.O. Box 777**

**Frostproof, Florida 33843**

Name and Title:

Address:

Name and Title:

**Frank W. Garcia, Vice President**

Address

**P.O. Box 777**

**Frostproof, Florida 33843**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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(cont.)

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: Rhonda R. Garcia

Address: 4330 Hwy 630 East

Frostproof, Florida 33843

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

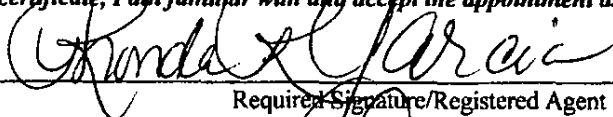
Name: Frank W. Garcia

Address: P.O. Box 777

Frostproof, Florida 33843

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*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

12/16/14

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

12/16/14

Date