

P/5000023138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Certificates of Status ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Uniform Savings Solutions 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: Phil Gemmati Sr

Name (Printed or typed)

16576 79th Court N

Address

Loxahatchee, FL 33470

City, State & Zip

561-282-7447

Daytime Telephone number

redalert1955@att.net

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: Uniform Savings Solutions Inc

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

16576 79th Court N

Loxahatchee, FL 33470

15 MAR -9 AM 8:18
MAILING ADDRESS, IF DIFFERENT IS:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ANALYZE uniform program

INVOICES to determine any potential savings

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phil Gemmati Sr. President

Address: 16576 79th Court N

Loxahatchee, FL 33470

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Phil Gemmati Sr

Address: 16576 79th Court N

Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

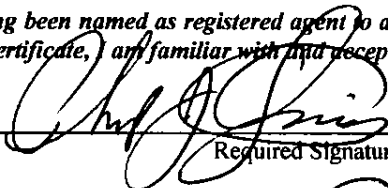
The **name and address** of the Incorporator is:

Name: Phil Gemmati Sr

Address: 16576 79th Court N

Loxahatchee, FL 33470

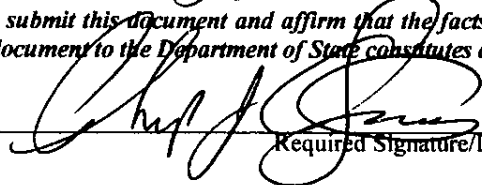
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3-2-15
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

3-2-15
Date