

P15000027505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

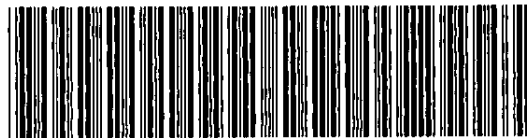
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAR 24 2015

T. SCOTT



200269830052

03/25/15--01001--020 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AND FINANCIAL SERVICES
15 MAR 24 PM 3:08
NOT A REPLY
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 MAR 24 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: University Corner Hart 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: Nehad Alsayed .
Name (Printed or typed)
2848 S Adams street ,
Address
Tallahassee FL 32301
City, State & Zip
850 510 7887
Daytime Telephone number
nsayed76@hotmail.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:

University Corner Mart Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2036 S Adams St.
Tallahassee FL 32301

Mailing address, if different is:

2848 S Adams St.
Tallahassee FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Nehad Alsayed (P)

Name and Title:

Address

2848 S Adams St.
Tallahassee FL 32301

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 MAR 24 PM 3:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVAL
FILED

(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: Nehad Alsayed .

Address: 2848 S Adams St.

Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nehad Alsayed .

Address: 2848 S Adams St.

Tallahassee FL 32301

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

3/24/15
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

3/24/15
Date