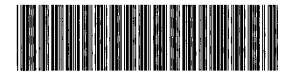
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SECRETARY OF STATE TALLAHASSEE, F. ORIDA

OCT 1 5 2015 T CANNON

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Sending this again, Mailed it last week but did not include the check.

Universal Manufacturing Solutions Corp			
SCINECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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 & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	fichael P Hoff Nam /4 Eagle Creek Drive	e (Printed or typed)	
		Address	
N	aples, FL 34113		
	City	, State & Zip	
93	37-238-2820		
	Daytime '	Felephone number	
М	ike@btbna.com		
	E-mail address: (to be use	d 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)
SECRETARY OF STATE
TALLAHASSEE, FLORIDA The name of the corporation shall be:______ 15 OCT -8 AM 10: 53 ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 574 Eagle Creek Drive Naples, FL 34113 The purpose for which the corporation is organized is: _____ to conduct such lawful business as is presented to it. ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Michael P Hoff, President Name and Title: 574 Eagle Creek Drive Address _ Address: Naples, FL 34113 Name and Title: Name and Title: _____ Address: Address Name and Title:_______Name and Title:______ _____ Address: Address

	nd Title:	Name and Title:
Addres	is	Address:
RTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accept	stable) of the registered agent is:
Name:	Michael P Hoff	
Address:	574 Eagle Creek Drive	
100.000	Naples, FL 34113	
RTICLE VII	INCORPORATOR	1
he <u>name and</u>	address of the Incorporator is:	© 0/1 171 172 173
Name:	Donald J Roblec	——————————————————————————————————————
Address:	700 Pilgrim Pky, Suite 300 Elm Grove, WI 53122	53 PRIDA
4 DALČE E 1/82)	PERFORMED ATE.	
	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)
days after the l Note: If the da	filing.)	d cannot be more than five business days prior or 96 business plicable statutory filing requirements, this date will not be listed as records.
ne document s		
Having been n	amed as registered agent to accept service of I am familiar with and accept the appointmen	f process for the above stated corporation at the place designated in this capacity 9/30/2015
laving been n	amed as registered agent to accept service of I am familiar with and accept the appointment of the appointme	nt as registered agent and agree to act in this capacity 9/30/2015
laving been no his certificate, submit this di	I am familian with and accept the appointment Adaptives Bighature/Registered Ag Cument and affirm that the facts stated her	gent as registered agent and agree to act in this capacity 9/30/2015 Date Trein are true. I am aware that the false information submitted in a
Having been no his certificate,	I am familian with and accept the appointment	gent as registered agent and agree to act in this capacity 9/30/2015 Date Trein are true. I am aware that the false information submitted in a