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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT -8 AM 10:53

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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.*

SUBJECT: Universal Manufacturing Solutions Corp

(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: Michael P Hoff

Name (Printed or typed)

574 Eagle Creek Drive

Address

Naples, FL 34113

City, State & Zip

937-238-2820

Daytime Telephone number

Mike@btbna.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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Universal Manufacturing Solutions Corp

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
574 Eagle Creek Drive
Naples, FL 34113

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Mailing address, if different is:

ARTICLE III PURPOSE
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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael P Hoff, President</u>	Name and Title:	_____
Address	<u>574 Eagle Creek Drive</u>	Address:	_____
	<u>Naples, FL 34113</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: Michael P Hoff
Address: 574 Eagle Creek Drive
Naples, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald J Roblec
Address: 700 Pilgrim Pky, Suite 300
Elm Grove, WI 53122

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

9/30/2015
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.

[Signature]
Required Signature/Incorporator

September 30, 2015
Date