

P/16000000/541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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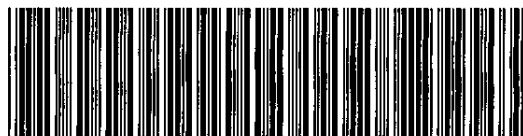
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 22 AM 11:50

EFFECTIVE DATE 01/01/16

01/07/16

COVER LETTER

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

SUBJECT: UTILITY MANAGEMENT AUTHORITY 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: BARBARA MAGNORSKY
Name (Printed or typed)

1145 NORMANDY Dr. # 402
Address

MIAMI BEACH, FL 33141
City, State & Zip

(305) 632 4178
Daytime Telephone number

barbaratango@gmail.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: UTILITY MANAGEMENT AUTHORITY CORP.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1145 NORMANDY Dr. #402
MIAMI BEACH, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful
business activity

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA MAGNORSKY Pres. Name and Title: _____

Address 1145 NORMANDY Dr #402 Address: _____
MIAMI BEACH FL
33141

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
CORPORATIONS
15 DEC 22 AM 11:50

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: BARBARA MACNORSEY

Address: 1145 NORMANDY Dr #402

MIAMI BEACH FL 33141

ARTICLE VII INCORPORATOR

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

Name: BARBARA MACNORSEY

Address: 1145 NORMANDY Dr #402

MIAMI BEACH FL 33141

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/16 (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


Required Signature/Registered Agent

12/19/15
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

Date