## P1600032694

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				



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APR 1 3 2016.

T. SCOTT



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16 APR II PM 1:

SECRETARY OF STATE OF STATE OF CORPURATIONS

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2016

K. JEFFREY REYNOLDS, ATTORNEY 924 NORTH PALAFOX STREET PENSACOLA, FL 32501

SUBJECT: STS, INC.

Ref. Number: W16000020212

16 APR 11 PH 12: 5

We have received your document for STS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 616A00005578

## **COVER LETTER**

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

SUBJECT: STS Un	iverse, Inc.					
50bJEC1:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 REC		PY REQUIRED			
FROM:	North Palafox Street	e (Printed or typed)				
		Address				
Pen	sacola, Florida 32501					
	City,	State & Zip				
(85)	0) 434-2522					
<del></del>	Daytime T	elephone number				
kjef	freynolds@att.net					
	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)

ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address,	Mailing address, if different is:	
609 Frances Drive	509 Frances Drive P.O. Box 30046			
Pensacola, Florida 32506		Pensacola, Florida 32503		
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is:  Marketing s	ervices for commercial businesses		
			76 P	
			APR SIGN	
The number of shares	of stock is:		<u> </u>	
The number of shares  ARTICLE V INIT	of stock is:  "IAL OFFICERS AND/OR DIRECTORS  Lyman C. Allan, III. President/Director	Name and Title:	- PH	
ARTICLE IV SHA The number of shares  ARTICLE V INIT  Name and T  Address	of stock is:  "IAL OFFICERS AND/OR DIRECTORS  Lyman C. Allan, III. President/Director	Name and Title:	<u> </u>	
The number of shares  ARTICLE V INIT  Name and T	of stock is: 1,000  TAL OFFICERS AND/OR DIRECTORS  itle: Lyman C. Allen, III, President/Director		<u> </u>	
The number of shares  ARTICLE V INIT  Name and T  Address	of stock is: 1,000  TAL OFFICERS AND/OR DIRECTORS itle: Lyman C. Allen, III, President/Director P.O. Box 30046	Address:	1 PH 1:59	
The number of shares  ARTICLE V INIT  Name and T  Address	TAL OFFICERS AND/OR DIRECTORS itle: Lyman C. Allen, III, President/Director P.O. Box 30046 Pensacola, Florida 32503	Address:	1 PH 1:59	
The number of shares  ARTICLE V INIT  Name and T  Address  Name and Ti	TAL OFFICERS AND/OR DIRECTORS  Lyman C. Allen, III, President/Director  P.O. Box 30046  Pensacola, Florida 32503	Address: Name and Title: Address:	1 PH 1: 59	
The number of shares  ARTICLE V INIT  Name and T  Address  Name and Ti  Address	TAL OFFICERS AND/OR DIRECTORS  Lyman C. Allen, III, President/Director  P.O. Box 30046  Pensacola, Florida 32503	Address:  Name and Title:  Address:	1 PH 1: 59	

Name a	nd Title:	Name and Title:	
Addres		Address:	
	REGISTERED AGENT	-1-X - Cab	
Name:	Elorida street address (P.O. Box NOT acceptal Lyman C. Allen, III	or the registered agent is:	
Address:	609 Frances Avenue		
	Pensacola, Florida 32506		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	K. Jeffrey Reynolds, Esquire		
Address:	924 North Palafox Street		
	Pensacola, Florida 32501		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, in	other than the date of filing:	(OPTION	AL)
(If an effective days after the f	date is listed, the date must be specific and c iling.)	annot be more than five bus	iness days prior or 90 business
	e inserted in this block does not meet the applic effective date on the Department of State's reco		ents, this date will not be listed as
	med as registered agent to accept service of pr am familiar with and accept the appointment		
f_	alver		January 1, 2016
	Required Signature/Registered Agent	t	Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the felony as provided for in s.81	ne false information submitted in a 7.155, F.S.
Kys	MINKENS Sols		January 1, 2016
Requ	ired Signature/Incorporator		Date

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