

P170000041440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

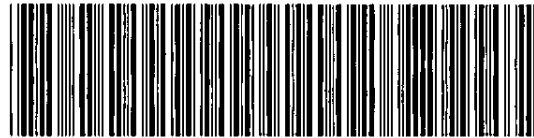
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300298914693

05/10/17--01004--003 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -9 PM 4:40

RECEIVED  
28th MAY -9 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: United Trophies and Awards 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: James R Bennett II  
Name (Printed or typed)

3072 N. Fulmer Circle  
Address

Tallahassee FL 32303  
City, State & Zip

850 212-3233  
Daytime Telephone number

JBennett52@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: United Trophies And Awards INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

942 Capital Circle NW  
Tallahassee FL 32304

3072 N Fulmer Cir  
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

To sell Trophies And Awards, Retail Store

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James R. Bennett II

owner/  
President

Address: 3072 N Fulmer Cir  
Tallahassee FL 32303

Name and Title: Jackie L Bennett

Coowner

Address: 3072 N Fulmer Cir  
Tallahassee FL 32303

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -9 PM 4:40

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:

James R. Bennett II

Address:

3072 N Fulmer Cir  
TALLA. FL 32303

**ARTICLE VII INCORPORATOR**

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

Name:

James R. Bennett II

Address:

3072 N Fulmer Cir  
TALLA FL 32303

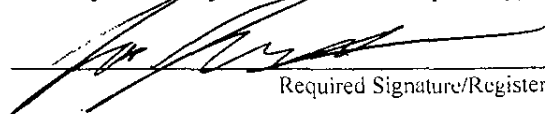
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5-9-17 (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

5/9/17  
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

5/9/17  
Date