

P17000044145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

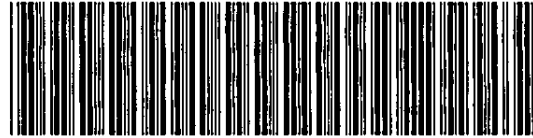
(Business Entity Name)

(Document Number)

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17 MAY 18 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

**SUBJECT:** Universal Motors Corporation

(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**

→ *PREVIOUSLY SUBMITTED FOR:  
HERITAGE MOTOR CORPORATION,  
WHICH WAS REJECTED.*

FROM: William R. Percival

Name (Printed or typed)

1851 Gulf Shore Blvd. N. Unit 6

Address

Naples, FL 34019

City, State & Zip

239-216-3835

Daytime Telephone number

jrlampl@jrlasia.com

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2017

WILLIAM R. PERCIVAL  
1851 GULF SHORE BLVD. N. UNIT 6  
NAPLES, FL 34109

SUBJECT: HERTIAGE MOTOR CORPORATION  
Ref. Number: W17000024637

We have received your document for HERTIAGE MOTOR CORPORATION 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 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 117A00005506

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: Universal Motors Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1851 Gulf Shore Blvd. N Unit 6  
Naples FL, 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing automobile components.

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17 MAY 18 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Lampl, CEO

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

Address 34208 Snickersville TPKE  
Bluemont, VA 20135

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

Name and Title: William Percival, Director

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

Address 1851 Gulf Shore Blvd N.  
Unit 6

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

Naples FL 34102

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: William Percival

Address: 1851 Gulf Shore Blvd N., Unit 6  
Naples, FL 34102

**ARTICLE VII INCORPORATOR**

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

Name: John Lampl, CEO

Address: 34208 Snickersville TPKE  
Bluemont, VA 20135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 17, 2017 (OPTIONAL)

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

5/12/2017

\_\_\_\_\_  
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

5/12/2017

\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA