

1/17/2018

P18 000 005 010

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION united syndicates inc

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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 SYNDICATES INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2301 COLLINS AVE UNIT 1538

MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE GENERAL NATURE OF BUSINESS OF THIS CORPORATION IS TO TRANSACT ANY
AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEREMY LESSARIS, (P,VP, T, S)

Name and Title:

Address

2301 COLLINS AVE UNIT 1538

Address:

MIAMI BEACH, FL 33139

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: JEREMY LESSARIS
Address: 2301 COLLINS AVE UNIT 1538
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEREMY LESSARIS
Address: 2301 COLLINS AVE UNIT 1538
MIAMI BEACH, FL 33139

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 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
1/16/18
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
1/16/18
Date