

P21000035552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

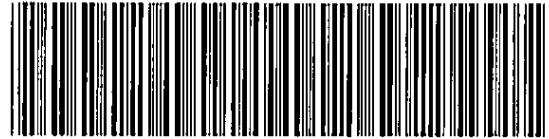
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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04/21/21--01001--012 \*\*78.75

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2021 APR 20 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 APR 20 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FL 0910

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/20 Glinda

<input type="checkbox"/>	<b>CERTIFIED COPY</b>	_____
<b>XX</b>	<b>PHOTOCOPY</b>	_____
<b>XX</b>	<b>CUS</b>	<b>GS</b> _____
<b>XX</b>	<b>FILING</b>	<b>ARTICLES</b> _____

1. **Ultragames Global, Inc.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** ULTRAGAMES GLOBAL, 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      ☒ \$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:** Alejandro I. Velez, Esquire

Name (Printed or typed)

14 NE 1st Avenue, Suite 815

Address

Miami, Florida 33132

City, State & Zip

305-425-1565

Daytime Telephone number

alex@vialawyers.com

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

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME  
The name of the corporation shall be: ULTRAGAMES GLOBAL, INC.

Principal street address

Mailing address, if different is:

**ARTICLE III - PURPOSE**  
The purpose for which the corporation is organized is: Any and all lawful purpose.

SECRETARY OF STATE  
TALLAHASSEE, FL  
221 APR 20 PM 1:12

100

**ARTICLE IV - SHARES**  
The number of shares of stock is: 100

Name and Title: **Juan David Gracia, President**

14 NE 1st Avenue, Suite 815

Miami, Florida 33132

Name and Title:

Address

**Name and Title:**

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: VIA Lawyers, c/o Alejandro I. Velez, Esq.

Address: 14 NE 1st Avenue, Suite 815

Miami, Florida 33132

**ARTICLE VII INCORPORATOR**

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

Name: Alejandro I. Velez, Esq.

Address: 14 NE 1st Avenue, Suite 815

Miami, Florida 33132

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TALLAHASSEE, FL

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/20/2021. (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:*

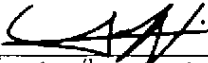


Required Signature/Registered Agent

04/20/2021

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

04/20/2021

Date