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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : XOTCHILTH VALDIVIA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

UNIVERSAL ABA SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 OCT -7 AM 8:07

10/7/22

2022 OCT -7 PM 1:31
STATE OF FLORIDA

COVER LETTER

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

SUBJECT: UNIVERSAL ABA GOLD SERVICES CORP
(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: SCHEYLA N. RODRIGUEZ
Name (Printed or typed)

15521 SW 137 CT
Address

MIAMI, FL 33177
City, State & Zip

786-838-9888
Daytime Telephone number

SCHEYLARODRIGUEZ@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

NOT RECORDED
OCT 10 2022

2022 OCT -7 PM 1:31

ED

ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: UNIVERSAL ABA GOLD SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15521 SW 137 CT15521 SW 137 CTMIAMI, FL 33177MIAMI, FL 33177**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: 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: SCHEYLA N. RODRIGUEZ - PRES Name and Title: _____Address 15521 SW 137 CT Address: _____
MIAMI, FL 33177 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022 OCT -7 PM 1:31
STATE OF FLORIDA
COUNTY OF MIAMI

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: SCHEYLA N. RODRIGUEZ
Address: 15521 SW 137 CT
MIAMI, FL 33177

ARTICLE VII INCORPORATOR

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

Name: SCHEYLA N. RODRIGUEZ
Address: 15521 SW 137 CT
MIAMI, FL 33177

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/06/2022 (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

Scheyla Rodriguez 10/06/2022
Required Signature/Registered Agent 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.

Scheyla Rodriguez 10/06/2022
Required Signature/Incorporator Date

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DEPT OF STATE
CORPORATION
FLORIDA