

P230 0000 1939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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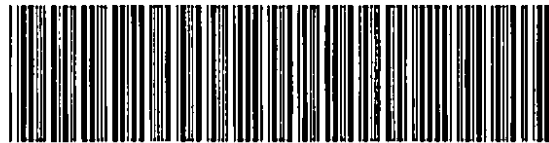
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2023 JAN -4 AM 3:10

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D. O'KEEFE

JAN 11 2023

## COVER LETTER

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

SUBJECT: Universal Souolution Alliance, 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: Sheyenne Lee Kreamer  
Name (Printed or typed)

5753 Hwy 85 N, Suite 5359  
Address

Crestview, FL 32536  
City/State & Zip

919-671-6134  
Daytime Telephone number

trianglesolutionsalliance@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: Universal Souolution Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5753 Hwy 85 N, Suite 5359  
Mailing address, if different is: same  
Crestview, FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide educational & consulting services in career development, business start-up and business growth. We provide various ways to start a business & sell a variety of products to support business owners.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Shayenne Kreamer</u>	Name and Title:	<u>Donald Kreamer</u>
	<u>CEO</u>		<u>President</u>
Address:	<u>5753 Hwy 85 N, Suite 5359</u>	Address:	<u>5753 Hwy 85 N, Suite 5359</u>
	<u>Crestview, FL 32536</u>		<u>Crestview, FL 32536</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

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:

Shenyenne Kreamer

Address:

5753 Hwy 85N, Suite 5359  
Crestview, FL 32536

**ARTICLE VII INCORPORATOR**

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

Name:

Shenyenne Kreamer

Address:

5753 Hwy 85N, Suite 5359  
Crestview, FL 32536

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2023 (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*

Shenyenne Kreamer

Required Signature/Registered Agent

12-30-22

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.*

Shenyenne Kreamer

Required Signature/Incorporator

12-30-22

Date

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