# P95000022357

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	i i i i i i i i i i i i i i i i i i i	្រាយស្រាក្ស ( ) ( ) (១៩៦) (១៩៤) (១៩៧) 295 - (៧) (១៩៦) (១៨៦) +++132,50 ( ) (++++132,50)
SUBJECT: Univ	lerse Suppliers (or p. Inc. poposed corporate name - must include suffix)	SECTED THE CORPORTS
for : \$70.00 [ Filing Fee	\$78.75 \$122.50 \(\begin{array}{c} \\$131.25 \\ \text{Filing Fee} & Certified Copy & Certificate \\ & Certificate \end{array}	2:58 and a check
FROM:	Dr Alooka L. ADEJOBI Name (printed or typed)  6109 SW 35 Street  Address  Miramar, FL. 33023  City, State & Zip  (305) 964-0167  Daytime Telephone number  W95.4	•

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



March 2, 1995

AYOOLA L. ADEJOBI 6109 S.W. 35TH STREET MIRAMAR, FL 33023

SUBJECT: UNIVERSE SUPPLIERS CORP. INC.

Ref. Number: W95000004668

We have received your document for UNIVERSE SUPPLIERS CORP. INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

A corporation may have only one registered agent.

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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6915.

Kevin Nickens Document Specialist

Letter Number: 395A00009373



## ARTICLES OF INCORPORATION 95 HAR 20 PM 2: 58

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Ogun suppliers 4 General Services compline.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Dade County, 6109 SW 35 Street Miraman, FL. 33023 ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr Ayoola L. Adejobi & Marion Coloq SW 35 street miranar, FL. 33023

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

President, Moola L. Maijobi, Ph.D. 6109 SW 35 St. mireman FL. 33023 V. president, Rasaki Okuboyejo BBA, 1860 SW 68 AU Miraman 1233 1003

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of February 1995.

(Fluckisty))
(Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	ne of the corporation is: Ogun Supplians Il General, Services
2. The name	ne and address of the registered agent and office is:
	Dr Ayos (a L. Adejos;
,	Dr Ayos (a L. Adejosi (Name)
	(P.O. Box not acceptable)
•	(P.O. Box not acceptable)
	Miramar, FL. 33023 (City/State/Zip)
-	(City/State/Zip)
Having been above stated the appointm to comply wit mance of my as registered	n named as registered agent and to accept service of process for the disconnected corporation at the place designated in this certificate, I hereby accept ment as registered agent and agree to act in this capacity. I further agree ith the provisions of all statutes relating to the proper and complete perforduties, and I am familiar with and accept the obligations of my position if agent.
A	(Signature) : (Date)

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