

P95000048909

TRANSMITTAL LETTER

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

900001484439
-05/11/95--01082--012
*****70.00 *****70.00

SUBJECT: U.L.M. INC - S
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
95 JUN 82 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM: ROBERT K. CLAFFEY
Name (printed or typed)

1815 W. GLENEAGLES RD.
Address

OCALA FL 34472
City, State & Zip

(904) 624-2266
Daytime Telephone number

List 2 names
WIS - 10146
00678, 00502, 00631

SHARON L. TALA

JUN 23 1995

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 31, 1995

ROBERT K. CLAFFEY
1815 W. GLENEAGLES ROAD
OCALA, FL 34472

SUBJECT: ULM INC.
Ref. Number: W95000010146

We have received your document for ULM INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent acceptance and signature is missing from the articles you resubmitted.

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) 487-6927.

Kanut Khosla
Corporate Specialist

Letter Number: 195A00027155



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 12, 1995

ROBERT K. CLAFFEY
1815 W. GLENEAGLES ROAD
OCALA, FL 34472

SUBJECT: ULM INC.
Ref. Number: W95000010146

NAME OK - M. HUS GIBBE
McDONALD
LISTING

We have received your document for ULM INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 487-6927.

Kanut Khosla
Corporate Specialist

Letter Number: 195A00024470

195-6
SLC

ARTICLES OF INCORPORATION
OF
ULM, INC.

The undersigned incorporate hereby forms a corporation under Chapter 607 of the laws of the state of Florida.

FILED
95 JUN 22 11:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I. NAME

The name of the corporation shall be :

ULM, INC .

The address of the principal office of this corporation shall be 1815 W Glencagles Rd, Ocala, FL 34472, and the mailing address shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 1815 w Glencagles RD, Ocala, FL 34472, and the name of the at that initial registered agent of the corporation address is Robert Claffey.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code.

ARTICLE VII. OFFICERS AND DIRECTORS

This corporation shall have two officers and one director, initially. The name and street address of the officers and director whom shall hold office for the first year of the corporation is:

Robert Claffey 1815 W Glencagles Rd ,Ocala,FL 34472

Pres./ Dir./Treas.

Blanche Braun 1815 W Glencagles Rd, Ocala,FL 34472

Sec./

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these articles of Incorporation is:

Robert Claffey

1815 W Glencagles RD

Ocala,FL 34472

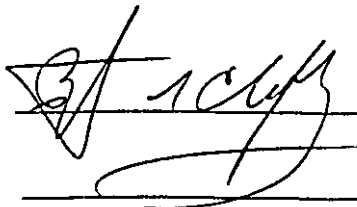
ARTICLE VIII INCORPORATOR(S)

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

Robert Claffey

1815 W Glencagles Rd, Ocala, FL 34472

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this Ninth day of May, 1995



A handwritten signature, appearing to read 'R. Claffey', is written over two horizontal lines.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 of the corporation is: UIM INC

2. The name and address of the registered agent and office is:

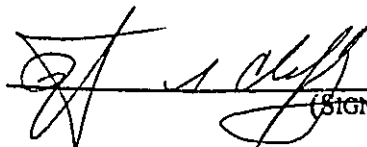
ROBERT CLAFFEY
(NAME)

1815 W. GLENEAGLES RD
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

OCALA, FL 34472
(CITY/STATE/ZIP)

FILED
95 JUN 22 4:11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

6-19-95
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -4 PH 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048909**

1 Corporation Name

ULM, INC.

Principal Place of Business

1815 W. GLENEAGLES RD.
OCALA FL 34472

Mailing Address

1815 W. GLENEAGLES RD.
OCALA FL 34472

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3325042

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

SA.75 Additional Fee Required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	CLAFFEY, ROBERT	1815 W. GLENEAGLES RD.	OCALA FL 34472
S	BRAUN, BLANCHE	1815 W. GLENEAGLES RD.	OCALA FL 34472

700002022707--3
-12/06/96--01036--001
*****375:00 *****375:00

JB12-H-96

8. Name and Address of Current Registered Agent

CLAFFEY, ROBERT
1815 W. GLENEAGLES RD.
OCALA FL 34472

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 07-23-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Blanche B. Braun* (BLANCHE B. BRAUN) (S) Sept. 23, 1996 352-624-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (7/96)