

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6127
Tallahassee, FL 32314

P98000015529

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-02/16/98-01130-009

*****78.75 *****78.75

SUBJECT:

UNIVERSAL ARTISTS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check 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

FROM:

Bruce Sokol

Name (Printed or typed)

5980 N.W. 64th Avenue, Apartment 105

Address

TAMARAC, FL 33319

City, State & Zip

954-718-8100

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 FEB 16 PM 12:44

FILED

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

CB
2-16-98

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

UNIVERSAL ARTISTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5980 NORTHWEST 64th AVENUE, APT. 105, TAMARAC, FL 33319

ARTICLE III SHARES

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

(TEN THOUSAND SHARES)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street Address of the initial registered agent are:

BRUCE SOKOL
5980 NORTHWEST 64TH AVENUE, APARTMENT 105
TAMARAC, FL 33319

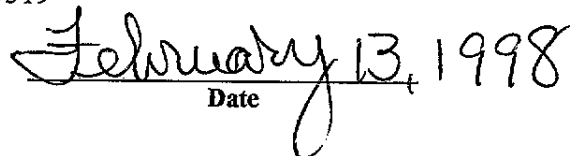
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BRUCE SOKOL
5980 NORTHWEST 64TH AVENUE, APARTMENT 105
TAMARAC, FL 33319



Signature/Incorporator



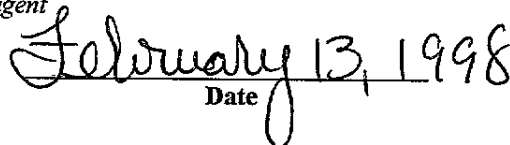
Date

An additional article must be added if an effective date is requested.)

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/Registered Agent



Date

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TALLAHASSEE, FLORIDA