

F 12 000002538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

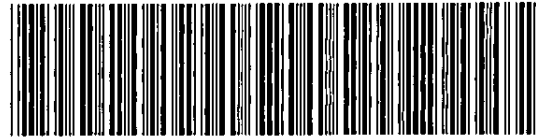
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/12/12--01022--006 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 17 2012
w12-01022
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2012

ANDREW JUEN
2135 SPRING HARBOR BLVD SUITE R
DELRAY BEACH, FL 33445

SUBJECT: ULTIMATE INFO SERVICES, INC
Ref. Number: W12000020727

We have received your document for ULTIMATE INFO SERVICES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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 (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 312A00011729

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ultimate Info Services, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew Juen

Name of Person

Ultimate Info Services

Firm/Company

2135 Spring Harbor Blvd, Suite R

Address

Delray Beach, FL 33445

City/State and Zip code

drew@ultimateinfoservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Juen

Name of Person

at (858) 442-8278

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Ultimate Info Services, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Ultimate Info Svcs, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming

(State or country under the law of which it is incorporated)

3. 45-4048164

(FEI number, if applicable)

4. 12/14/2011

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2135 Spring Harbor Blvd, Suite R - Delray Beach, FL 33445

(Principal office address)

2135 Spring Harbor Blvd, Suite R - Delray Beach, FL 33445

(Current mailing address)

8. Consulting services - Marketing, Information Tech, Management

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andrew Juen

Office Address: 2135 Spring Harbor Blvd, Suite R

Delray Beach

(City)

, Florida 33445

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Andrew Juen

Address: 2135 Spring Harbor Blvd, Suite R
Delray Beach, FL 33445

Vice Chairman: same

Address: _____

Director: same

Address: _____

Director: same

Address: _____

B. OFFICERS

President: Andrew Juen

Address: 2135 Spring Harbor Blvd, Suite R
Delray Beach, FL 33445

Vice President: same

Address: _____

Secretary: same

Address: _____

Treasurer: same

Address: _____

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SECRETARY OF STATE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Andrew Juen, PRESIDENT

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

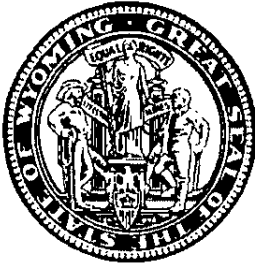
Ultimate Info Services Inc.

is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **December 14, 2011**, comply with all
applicable requirements of this office. Its period of duration is Perpetual. This entity has been
assigned entity identification number **2011-000613006**.

This entity is in existence and in good standing in this office and has filed all annual reports
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming
on this 11th day of July, 2012 at 12:49 PM. This certificate is assigned 012346724.



Max Maxfield
Secretary of State

2012 JUL 16 AM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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