# P03000075650

(Req	uestor's Name)	<u> </u>		
(Add	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
		MAIL		
(Business Entity Name)				
(Doc	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
<u></u>	Office Use Only			
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# TRANSMITTAL LETTER

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

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SL Ultimate Pavers and WC. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee	<ul> <li>\$78.75</li> <li>Filing Fee</li> <li>&amp; Certificate of Status</li> </ul>	Filing Fee & Certified Copy	<ul> <li>\$87.50</li> <li>Filing Fee,</li> <li>Certified Copy</li> <li>&amp; Certificate of</li> <li>Status</li> <li>PY REQUIRED</li> </ul>		
FROM:	MARK FICAR	Printed or typed)	· · ·		
	6464 MARIBLETREE LANE				
	LAKE WORT		67		
•	City, State & Zip				
	561-523-3444				
	Daytime Telephone number				

## 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:

ULTIMATE PAVERS AND SLATE INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

075 N. POWERLINE RD SUITE 3 ON PANO BEACH FL 33069

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OF STONE AND CONCRETE PAVERS DISTRIBUTION SLATE. AND

ARTICLE IV SHARES The number of shares of stock is: O()

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARK FICARIRA 6464 MARBLETREE LANE AKE WORTH FL 33467 ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

MARK FICARRA MARBLETREE LANE 6464 WORLD FL 3346

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

Signature stered Agent Signature Incorporator

Date

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Date