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(Req	uestor's Name)	
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Certified Copies	Certificates	of Status
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Requestor's Name
Address
City State ZIP Phone

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CORPORATION(S) NAME

Verifier

Acknowledgment

W.P. Verifier

Ultimat	e payment &	Communications
		INC
Profit NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership) Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
() Certified Copy	() Photo Copies	() Certificate Under Seal
) Call When Ready Walk In (() Cail If Problem) Will Wait	() After 4:30 k Up () Mail Out
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ARTICLES OF INCORPORATION

of

Ultimate Payment &	Communication, INC.	
The undersigned subscriber(s) to these Articles of	f Incorporation, natural person(s) compete	ent to contract, hereby form a
corporation under the laws of the State of Florida	•	
The name of the corporation is:	CLE I - CORPORATE NAME	
Ultimate Payment	& Communications,	INC.
A	RTICLE II - DURATION	17. Oth
This corporation shall exist perpetually unless dis	ssolved according to Florida law.	JAN 26
A	ARTICLE III - PURPOSE	The state of the s
The corporation is organized for the purpose of en United States and the State of Florida.	ngaging in any activities or business perm	itted under the laws of the
ART	TICLE IV- CAPITAL STOCK	
The corporation is authorized to issue <u>One Hue</u> Dollar(s) (\$ <u>/. PO</u>) par value Commo		
ARTICLE V - INIT	IAL REGISTERED OFFICE AND AGEN	r
The street address of the Initial Registered Agent	office and the name of the Initial Register	red Agent at that office is:
NAME CRAGE, MEKENZIE		
ADDRESS 1032 NW 9th Au	10	
CITY Ft-Landerdale	FLORIDA	ZIP.33.3//
The principal office, if known, or the mailing add	ress of the corporation is:	
NAME Ultimate Payment	& Communications	
ADDRESS 1032 NW 9th A	ke	
CITY Ft. Lander to 10	EI ORIDA	7m 222 11

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have	aws, but shall never be less than one (1).	
NAME CRAGE Mykenzie		
ADDRESS 1832 NW. 9th Ave		ara 22711
NAME POCK W. GONDZIET	STATE FL	ZIP 353//
ADDRESS 1032 NW 9th Ave		
CTTY ft. Landerdall	STATE FL	ZIP 323//
NAME		
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing to NAME CRAGE MCKARNIE ADDRESS 1832 NW 9th Ave CITY Ff. Landerdale		ZIP <u>233</u> //
NAME KOCK W. SANDZIEY		
CITY Fort LANDER HOLE	STATE F	ZIP 333]]
NAME		
ADDRESS	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber day of Adviser, 2004		

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Ulternate fayment & Communications, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is The above corporation, desiring to organize under the laws of the State of F		ي سيست منه چ چ پره پره پره
its registered office as indicated in the Articles of Incorporation		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
at 1032 NW 9th Ave		<u></u>)
Ft. Landerdall FL 23311	A	
has named Crage MEKepzie		<u></u> -
located at the aforesaid address, as its Registered Agent to accept service of	of process within	1
this state.		

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.