

PO6000067491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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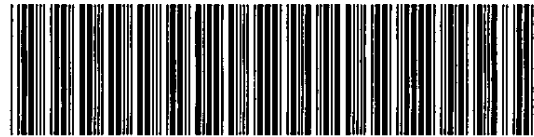
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pa

COVER LETTER

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

SUBJECT: THE ULTIMATE TABLE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: BONNIE SCHARF
Name (Printed or typed)

6902 ROYAL ORCHID CIRCLE
Address

DELRAY BCH., FLORIDA 33446
City, State & Zip

561-498-1466
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:

THE ULTIMATE TABLE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6902 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL. 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING FLORAL AND PARTY DECORATING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BONNIE SCHARF - OWNER
6902 ROYAL ORCHID CIR.
DELRAY BCH., FL. 33446

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BONNIE SCHARF
6902 ROYAL ORCHID CIR.
DELRAY BEACH, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BONNIE SCHARF
6902 ROYAL ORCHID CIR.
DELRAY BCH., FL 33446

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

Bonnie Scharf

Signature/Registered Agent

Bonnie Scharf

Signature/Incorporator

FILED
MAY 15 PM 3:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

5/12/06

Date

5/12/06

Date