

P08000028150

(Requestor's Name)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

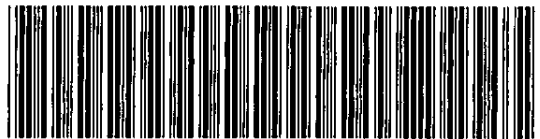
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only

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3/17



900119008509

02/29/08--01026--012 **78.75

FILED
08 MAR 17 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Finishing Touch, 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: ELIUD A. GARCIA

Name (Printed or typed)

117 SLADE DRIVE

Address

LONGWOOD, FL 32750

City, State & Zip

(407) 398-5337

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2008

ELIUD A. GARCIA
117 SLADE DRIVE
LONGWOOD, FL 32750

SUBJECT: THE FINISHING TOUCH, INC.
Ref. Number: W08000011052

We have received your document for THE FINISHING TOUCH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

~~Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.~~

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000055406 - THE FINISHING TOUCH, L.L.C..

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 908A00013178

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 CUSTOM CREATIONS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1,17 SLADE DRIVE, LONGWOOD, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Remodeling and construction of commercial and residential real estate and anything legal in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELIUD A. GARCIA, President and Treasurer

SYLVIA J. GARCIA, Secretary

EFFECTIVE DATE: 3/11/08

FILED
08 MAR 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

ELIUD A. GARC IA, 117 SLADE DRIVE, LONGWOOD, FL 32750

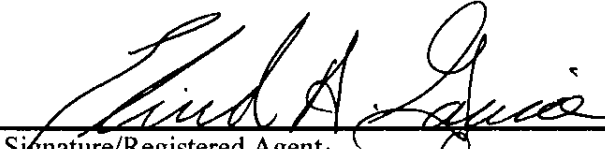
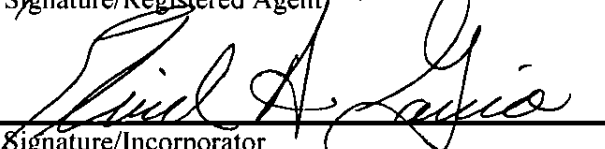
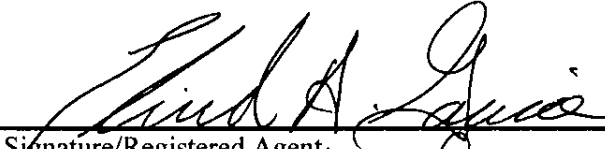
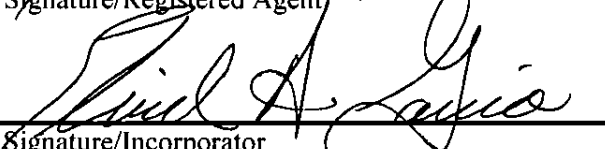
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ELIUD A. GARC IA, 117 SLADE DRIVE, LONGWOOD, FL 32750

.....

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 agent and agree to act in this capacity

 _____ Signature/Registered Agent	 _____ Signature/Incorporator	 _____ Signature/Registered Agent	 _____ Signature/Incorporator
		3.11.08 _____ Date	3.11.08 _____ Date

FILED
08 MAR 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA