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(Business Entity Name)

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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: ULTIMATE MOBILE CAR CARE
(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: Leon Jackson
Name (Printed or typed)

4441 nw 170 st
Address

Miami, Fl 33055
City, State & Zip

305)300-8406
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MOBILE CAR CARE ,INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4441 NW 170 ST
MIAMI,FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN VARIOUS: CAR WASH,PRESSURE CLEANING

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LEON JACKSON
4441 NW 170 ST
MIAMI,FL 33055
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

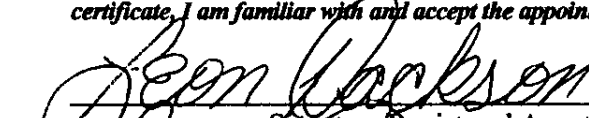
LEON JACKSON
4441 NW 170 ST
MIAMI,FL 33055


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEON JACKSON
4441 NW 170 ST
MIAMI,FL 33055

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/Registered Agent


Signature/Incorporator

10-23-08
Date
10-23-08
Date