

P13000071801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

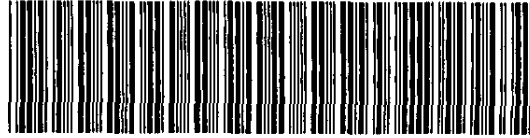
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

3531

W13000046605



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08/16/13--01012--020 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 29 AM 8:52

g 8/30/13

COVER LETTER

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

SUBJECT: Ultimate Motorcars, 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: Javier F. Gonzalez

Name (Printed or typed)

6550 N. Atlantic Ave. Ste "C"

Address

Cape Canaveral, FL 32920

City, State & Zip

813-433-3889

Daytime Telephone number

ultimate.motorcars@yahoo.com

E-mail address: (to be used for future annual report notification)

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13 AUG 29 AM 8:52

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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2013

JAVIER F. GONZALEZ
6550 N. ATLANTIC AVENUE
SUITE "C"
CAPE CANAVERAL, FL 32920

SUBJECT: ULTIMATE MOTORCARS, INC.
Ref: Number: W13000046605

We have received your document for ULTIMATE MOTORCARS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : ULTIMATE MOTORCARS OF FLORIDA, INC., document number P06000150879.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 613A0001998

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 29 PM 1:15

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2013

JAVIER F. GONZALEZ
6550 N. ATLANTIC AVENUE
SUITE "C"
CAPE CANAVERAL, FL 32920

SUBJECT: ULTIMATE MOTORCARS, INC.
Ref. Number: W13000046605

We have received your document for ULTIMATE MOTORCARS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 513A00020520

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Rubio Ultimate Motorcars, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

6550 N. Atlantic Ave. Ste. "C"

Cape Canaveral, FL 32920

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Buy and sell cars (Car Dealer)

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Javier F. Gonzalez Name and Title: _____

Address: 6550 N. Atlantic Ave. Ste "C" Address: _____
Cape Canaveral, FL 32920

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

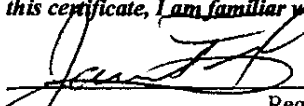
Name: Javier F. Gonzalez
 Address: 6550 N Atlantic Ave. Ste "C"
Cape Canaveral, FL 32920

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Javier F. Gonzalez
 Address: 6550 N Atlantic Ave. Ste. "C"
Cape Canaveral, FL 32620

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

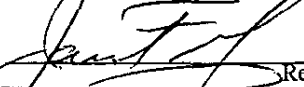


 Required Signature/Registered Agent

8/14/2013

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

8/14/2013

 Date

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