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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ULTIMATE MODEL PHOTOGRAPHY, 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: ERNESTO GONZALEZ

Name (Printed or typed)

6051 SW 159 CT

Address

MIAMI, FL 33193

City, State & Zip

(786)351-4704

Daytime Telephone number

MWPORTAL@MSN.COM

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

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: **ULTIMATE MODEL PHOTOGRAPHY, INC.**

Principal **street** address

Mailing address, if different is:

6051 SW 159 CT

MIAMI, FL 33193

PROFESSIONAL CORPORATION

The number of shares of stock is: 100 SHARES OF COMMON STOCK AT \$1.00

Name and Title: **ERNESTO GONZALEZ, PRESIDENT**

Name and Title:

Address

6051 SW 159 CT

Address:

MIAMI, FL 33193

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(conti.)

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:

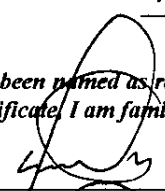
Name: ERNESTO GONZALEZ
Address: 6051 SW 159 CT
MIAMI, FL 33193

ARTICLE VII INCORPORATOR

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

Name: ERNESTO GONZALEZ
Address: 6051 SW 159 CT
MIAMI, FL 33193

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

03/04/2014

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

03/04/2014

Date
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 MAR 17 PM 2:50

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