

P/4000062320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

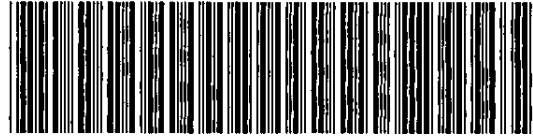
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500262282005

07/23/14--01011--006 **78.75

FILED

14 JUL 23 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 07/24/14

COVER LETTER

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

SUBJECT: ULTIMATE CREATIONS & DESINGS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JUAN C. DELVALLE

Name (Printed or typed)

14343 SW 150 TERRACE

Address

MIAMI, FLORIDA 33186

City, State & Zip

305 609-3313

Daytime Telephone number

JCDELVALLE123@GMAIL.COM

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

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: **ULTIMATE CREATIONS & DESIGNS INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14343 SW 150 TERRACE

MIAMI FLORIDA 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO REPAIR AND REMODEL HOMES AND DESIGNS**

ARTICLE IV SHARES 25

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JUAN C. DELVALLE PRESIDENT**

Name and Title:

Address **14343 SW 150 TERRACE**

Address:

MIAMI, FLORIDA

33186

Name and Title: **WILFREDO J. MORALES/ VP**

Name and Title:

Address **10375 SW 38 TERRACE**

Address:

MIAMI, FLORIDA 33165

Name and Title:

Name and Title:

Address

Address:

FILED
JUL 23 AM 11:45
14
CORPORATION FILE
MIAMI-DADE, 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: JUAN C. DELVALLE
Address: 14343 SW 150 ETRRACE
MIAMI, FLORIDA 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN C. DELVALLE
Address: 14343 SW 150 ETRRACE
MIAMI, FLORIDA 33186

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

Juan DelValle 7/16/14
Required Signature/Registered Agent 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.

Juan C. DelValle 7/16/14
Required Signature/Incorporator Date

Juan C Del Valle

FILED
14 JUL 23 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA