

P1600005208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

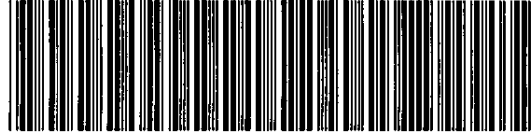
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JAN -7 AM 5:13  
REGISTRATION STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

Vulcan Development, Inc.

**SUBJECT:** \_\_\_\_\_

(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: Mark J. Simmons, President  
\_\_\_\_\_  
Name (Printed or typed)

510 NE Wavecrest Way  
\_\_\_\_\_  
Address

Boca Raton, FL 33432-4226  
\_\_\_\_\_  
City, State & Zip

(561) 702-8203  
\_\_\_\_\_  
Daytime Telephone number

Simm3093@aol.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** Vulcan Development, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
510 NE Wavecrest Way

Mailing address, if different is:

Boca Raton, FL 33432-4226

**ARTICLE III PURPOSE**

To engage in any activity or business permitted

The purpose for which the corporation is organized is: \_\_\_\_\_  
under the laws of the State of Florida.

**ARTICLE IV SHARES** 10,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mark J. Simmons, President

Name and Title: \_\_\_\_\_

Address 510 NE Wavecrest Way

Address: \_\_\_\_\_

Boca Raton, FL 33432-4226

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
16 JAN 7 AM 5:13  
CLERK OF DISTRICT COURT  
MARTIN LUTHER KING, JR.

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: Mark J. Simmons  
Address: 510 NE Wavecrest Way  
Boca Raton, FL 33432-4226

**ARTICLE VII INCORPORATOR**

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

Name: Mark J. Simmons  
Address: 510 NE Wavecrest Way  
Boca Raton, FL 33432-4226

**ARTICLE VIII EFFECTIVE DATE:**

January 1, 2016

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/01/16  
\_\_\_\_\_  
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

01/01/16  
\_\_\_\_\_  
Date