P16000063923

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500288310845

07/27/16--01012--003 **87.50

SECRETARY OF STATE

#

COVER LETTER

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

SUBJECT: Uni	ted Connecting Technologies		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	J. Mark Reimer	e (Printed or typed)	
	105 King Arthur Court		
		Address	· · · · · · · · · · · · · · · · · · ·
	St. Augustine, FL 32086		
	City,	State & Zip	
	845-244-1675		
	Daytime T	elephone number	
	correctionstech@gmail.com E-mail address: (to be used	d for future annual report r	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)

SFCRETABLE

SFCRETABLE

ARTICLE I NAM The name of the corpo	E United Connecting Te pration shall be:	chnologies Inc.	ALCAHASSEE FLORIDA
ARTICLE II PRIN	NCIPAL OFFICE		
105 King Arthur Cou	Principal <u>street</u> address	Mailing	address, if different is:
St. Augustine, FL 320			
ARTICLE III PUR The purpose for which	POSE n the corporation is organized is: other private / public consumer interes	sultation for the applications of cost.	ommunication tech in corrections.
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	of stock is:		•
"· -	IAL OFFICERS AND/OR DIRECTO tle:		
	105 King Arthur Court		
Address	St. Augustine, FL 32086	Address:	
Name and Titl	le:	Name and Title:	
Address			
Addless		Address:	
Name and Titl	e;	Name and Title:	
Address			
. 2001033			
			

FILED 16 JUL 27 PH 4: 10

Name a	nd Title:	Name and Title:_	SECRETARY PH 4: 10
Addres		Address: _	TALEAHASGEE FI ORIDA
		_	
		-	
The name and I	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	the registered ager	nt is:
Name:	J. Mark Reimer		
Address:	105 King Arthur Court		
Address.	St. Augustine, FL 32086		
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	J. Mark Reimer		
Address:	105 King Arthur Court		
	St. Augustine, FL 32086		
ADTICI E VIII	EFFECTIVE DATE: 9/1/2016		
Effective date, i	f other than the date of filing:	, (OP	TIONAL)
(If an effective days after the f	date is listed, the date must be specific and cannot	be more than fiv	ve business days prior or 90 business
Note: If the dat	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing req	uirements, this date will not be listed as
Having been na this certificate, l	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stat istered agent and a	ed corporation at the place designated i agree to act in this capacity
			7/22/2016
	Required Signature/Registered Agent		Date
	current and affirm that the facts stated herein are to be partment of State constitutes a third degree felon		
		•	7/20/16
Regi	uired Signature/Incorporator		Date