## P/7000025824

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oil)/Ollio/2lp/ Hollo //
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Nume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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03/21/17--01004--003 \*\*70.00

MAR 21 PM 3: 15

EFFECTIVE DATE 03/16/17

T 03/22/17

TO: DEPARTMENT OF STATE **DIVISION OF CORPORATIONS** 

FROM: UTLTIMATE CONSTRUCTION OF JAX, INC.

DATE: 03/16/2017

C/O: P13000030909

I Mark L Livingston, PRESIDENT, hereby state I do not intent to reinstate my Florida corporation

Doc # P13000030909.

Please release Ultimate Construction of Jax, Inc. for Mark Livingston to use the Name

To File a New Florida Corporation.

Thank You,

Mork La Livenaptae 3/10/17 Mark L Livingston

904-713-3152

## **COVER LETTER**

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

SUBJECT:	ULTIMATE (PROPOSED CORPORA	UNSTRUCTICE NAME - MUST INCL	ON OF 5747	X.IN	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	MARK 1 Name 5162 EM	$\frac{LIVIN}{\text{(Printed or typed)}}$	<u>5570N</u> 18		
Address $5ACKSONVILLE FL 32244$ City, State & Zip 1 $904 - 713 - 3152$ Daytime Telephone number					
	E-mail address: (to be used	EXT POPULATION TO THE POPULATION OF THE POPULATI	AND CAUC	5)	

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	on shall be:	ULTIMAT	E CONST	RUCTION 1	0) 57	AX,I/
ARTICLE II PRINCI	<i>PAL OFFICE</i> Principal <u>street</u> a	address		Mailing address, if o	different is:	·
5762 E	NS19N NVII 19	AVE FL 322	14 SA	162 EM	15167	I AV
ARTICLE III PURPOS The purpose for which the	<u>SE</u>	,		CKSONVIL		922y
					SEURE I	17 3 AAR
ARTICLE IV SHARE. The number of shares of st		1000			SIAI	<u> </u>
ARTICLE V INITIAL	OFFICERS A	ND/OR DIRECTORS	ton PR	.es.		
Address	5162	ENSIGN &	Name and Title  Address:	e:		
-	SMCK	SONVILLE, FI	32244			
Name and Title:_		25. EILBER	Name and Titl	IE: TREASI	VRER	,
Address		APMIRAL SONVILLE,	R <sub>Address:</sub> チレ 322り	14		
Name and Title:_			Name and Titl	le:		<u> </u>
Address			Address:			
•						

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT	Γ acceptable) of the registered agent is:
Name: Mark L. LIVII	ngSton
Address: 5162 Ensign	rave.
Jax, F1. 3	52244 FLAH
ARTICLE VII INCORPORATOR	R 21
The name and address of the Incorporator is:	21 PM SSEE F
Name: Mark Livings	ton SIAE 3
Address: 5162 Ensight Jax, FL. 3	32244
filing.)	ific and cannot be more than five days prior or 90 days after the the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of S	
Having been named as registered agent to accept ser this certificate, I am familiar with and accept the appo	rvice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
Required Signature/Register	m
I submit this document and affirm that the facts sta	ted herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a thi	
Required Signature/Incorporator	100/ac 3/16/