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COVER LETTER

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

SUBJECT: UNITE	TECHNOLOGY CONCEPTS IN	С	
30bJEC17	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Nam 6 GLENEAGLES DR	e (Printed or typed)	
		Address	
ВО	YNTON BEACH FL 33436		
	City	. State & Zip	
561	-542-7200		
	Daytime '	Telephone number	
. spite	etti@utcit.com		
	E-mail address: (to be use	ed for future annual report	notification)

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

Florida Department of State Divisions of Corporations, Clifton Bldg 2661 Executive Center Circle Tallahassee FL 32301 TANIG LE AMIG: LE

Re: UNITED TECHNOLOGY CONCEPTS INC

To whom it may concern:

Please find enclosed the Articles of Amendment for filing regarding United Technology Concepts, Inc. I, Scot Pitetti, President of United Technology Concepts, Inc. have no plans to reinstate this company but would like the Articles of Amendment processed as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 561-542-7200.

Sincerely,

Sdot Pitetti, President

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

ADTICLE II DDIN			
ARTICLE II PRINCIPAL OFFICE Principal street address 4313 GLENEAGLES DR		Mailing add	dress, if different is:
BOYNTON BEACH			
ARTICLE III PURI The purpose for which	POSE 1 the corporation is organized is:	HONE SYSTEM SALES	
	<u> </u>		-
ARTICLE IV SHA The number of shares of	RES 100 of stock is:		ANIO: 11
<u>ARTICLE V INIT</u>	IAL OFFICERS AND/OR DIRECTORS		
Name and Ti	tle: SCOT PITETTI, PRESIDENT	Name and Title:	
Address	4316 GLENEAGLES DR	Address:	
	BOYNTON BEACH FL 33436		
Name and Tit	le:	Name and Title:	
Address		·	
Name and Tit	le:		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
			
ARTICI F VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	ANTHONYCCOLEAN		
Name.	ANTHONY G COLEMAN, JR 4171 W HILLSBORO BVLD, STE 8	-	
Address:	COCONUT CREEK FL 33063	_	IA.
40 m 21 F 121	INCORROR (TOD		TZ AHG TH ALL MAXES
ARTICLE VII	<u>INCORPORATOR</u>		第2日 日 24日 日 7日 24 日 日 7日 24 日 日
The name and a	ddress of the Incorporator is:		AN IO: 1
Name:	ANTHONY G COLEMAN, JR		
	4171 W HILLSBORO BVLD, STE 8		Dr. —
Address:	COCONUT CREEK FL 33063		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and c	annot be more than five day	(AL) ys prior or 90 days after the
	e inserted in this block does not meet the applie effective date on the Department of State's reco		nents, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of promotion and accept the appointment	vocess for the above stated co as registered agent and agree	rporation at the place designated in to act in this capacity
			03-01-17
	Required Signature/Registered Agen	t	Date
I submit this do	cument and affirm that the facts stated herein	i are true. I am aware that ti	he false information submitted in a
document to the	Department of State constitutes of the degree	felony as provided for in x.81	7.155, F.S.
	111 4.1/2		03-01:17
Regu	nired Signature/Incorporator		Date