

P190000084653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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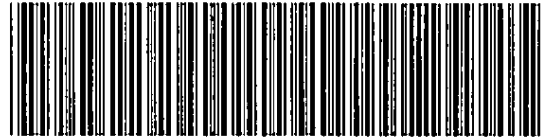
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/19--01009--010 **70.00

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OCT 25 2019

FILED
CLERK OF COURT
19 OCT 25 PM 4:03

COVER LETTER

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

SUBJECT: UNITED TECHNOLOGY CONCEPTS 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: SCOT PITETTI

Name (Printed or typed)

4313 GLENEAGLES DR

Address

BOYNTON BEACH FL 33436

City, State & Zip

561-542-7200

Daytime Telephone number

DCOHEN@SOUTHFLORIDATAXES.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: UNITED TECHNOLOGY CONCEPTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4313 GLENEAGLES DR

BOYNTON BEACH FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOT PITETTI, PRESIDENT

Name and Title: _____

Address 4313 GLENEAGLES DRIVE

Address: _____

BOYNTON BEACH FL 33436

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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NOTARY PUBLIC
STATE OF FLORIDA

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: DAVID J COHEN
Address: 2151 W HILLSBORO BLVD, STE 206
DEERFIELD BEACH FL 33442

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ARTICLE VII INCORPORATOR

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

Name: COLEMAN AND COHEN LLC
Address: 2151 W HILLSBORO BLVD, STE 206
DEERFIELD BEACH FL 33442

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

10/16/19

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

10-16-19

Date