

P21000079461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

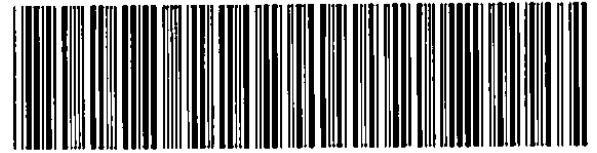
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/21--01001--010 **70.00

2021 SEP -8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP -8 PM 1:10
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INNOVATIVE CONTRACTING SERVICES,
INC.

Signature _____

Requested by: BA

9/07/21

Name

Date

Time

Walk-In

Will Pick Up

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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

Innovative Contracting Services, 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 ☐ \$78.75
 Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
 Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Mark S. Mucci, Esq.

 Name (Printed or typed)
 5561 N. University Drive, Suite 102

 Address
 Coral Springs, FL 33067

 City, State & Zip
 954-323-1023

 Daytime Telephone number
 mattdfall@gmail.com

 E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: Innovative Contracting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
132 Stillwater Circle
Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew D. Fall, President

Name and Title: _____

Address 132 Stillwater Circle
Jupiter, FL 33458

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 SEP - 8 PM 1:10
CLLASHSIE 11/11/21

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: Matthew D. Fall
Address: 132 Stillwater Circle
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew D. Fall
Address: 132 Stillwater Circle
Jupiter, FL 33458

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

Matthew D. Fall

Required Signature/Registered Agent

9-3-21
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.

Matthew D. Fall
Required Signature/Incorporator

9-3-21
Date