

P24000066712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

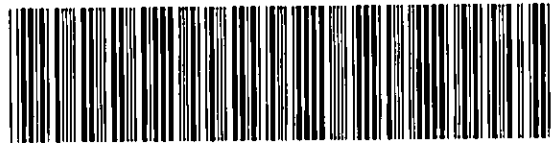
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

--Special Instructions to Filing Officer.

Office Use Only



500438087375

2024 OCT 29 AM 11:28

RECEIVED

2024 OCT 29 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$ 70.00

Authorization Signature: *[Signature]*

FULTON ACQUISITIONS, INC

Business Name

#Document #

     Walk in

     Will wait

     Certified Copies of the Articles of Incorporation

     Certificate of Status

**NEW FILINGS**

     Profit  
     Not for Profit  
     LLC  
     Domestication  
  X   INC  
     CORP  
     OTHER

**AMENDMENTS**

     Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Conversion  
     Statement of FACT  
     Merger

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     Statement of Authority  
     APOSTIL                     

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing  
     Partnership  
     Reinstatement  
     CORRECTION for a Foreign LLC  
     Domestication of a Foreign Corp.

                     Other

**EXAMINER'S INITIALS:**

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL. 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$ 70.00

Authorization Signature: \_\_\_\_\_

FULTON ACQUISITIONS, INC

Business Name

#Document #

     Walk in

     Will wait

     Certified Copies of the Articles of Incorporation

     Certificate of Status

**NEW FILINGS**

     Profit

     Not for Profit

     LLC

     Domestication

  X   INC

     CORP

     OTHER

**AMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Dissolution/Withdrawal

     Conversion

     Statement of FACT

     Merger

**OTHER FILINGS**

     Annual Report

     Fictitious Name

     Statement of Authority

     APOSTIL \_\_\_\_\_

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing

     Partnership

     Reinstatement

     CORRECTION for a Foreign LLC

     Domestication of a Foreign Corp.

     \_\_\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

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

**SUBJECT: FULTON ACQUISITIONS, 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

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

**ADDITIONAL COPY REQUIRED**

FROM: DAVID J. WALLACE  
Name (Printed or typed)

215 NORTH FEDERAL HWY  
Address

DANIA BEACH, FLORIDA 33004  
City, State & Zip

954-925-8228  
Daytime Telephone number

DAVID@DDWLAW.NET  
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: FULTON ACQUISITIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12 SOUTH MAIN STREET  
WILLISTON, FLORIDA 32696

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT A. SISTRUNK, AS PRESIDENT Name and Title: \_\_\_\_\_

Address 12 SOUTH MAIN STREET Address: \_\_\_\_\_  
WILLISTON, FLORIDA 32696 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: ROBERT A. SISTRUNK

Address: 12 SOUTH MAIN STREET

WILLISTON, FLORIDA 32696

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT A. SISTRUNK

Address: 12 SOUTH MAIN STREET

WILLISTON, FLORIDA 32696

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/29/2024 (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*

Robert A. Sistrunk  
Required Signature/Registered Agent

10/28/2024  
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.*

Robert A. Sistrunk  
Required Signature/Incorporator

10/28/2024  
Date