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(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:
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Special Instructions to Filing Officer:
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
	<u> </u>
SUBJECT: AC HOME CONC.	ion - must include suffix
Name of corporat	ion - must include sumx
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
CARMINE C	7AP KANN
Name	of Person
	3. 1 1 1 1 1 1 1 1 1 1
Firm/C	Company
71147 PALE	TSE DOWE
21142 PALE A	ddress
	7.60.30 7.620
ESTERO; &	te and Zip code
E-mail address: (to be us	Camera Com sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Λ	
Name of Person at (9)	7 757-2376
Name of Person A	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. AC HOME CONCEPTS TWO
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ARMINE GARGENIO Name: Office Address: (City), Florida 33928 (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

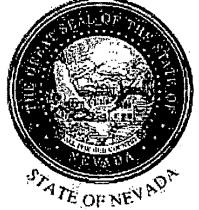
11. Names and business addresses of officers and/or directors: 4. DIRECTORS Chairman: CARMINE CAHRGANIC Address: 21142 ESTERO, FL. 33928 Vice Chairman: ANNA MARIA CAPPLANCE 21142 PALESE DRIVE B. OFFICERS GARBANO Address: 21142 PALESE DR., ESTERA, FL. 33928 Treasurer: ANNAMADIA GARGANO DR. ESTERO, FL 33928 NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

PRESIDENT

CARMINE GARGANO

SECRETARY OF STATE



CORPORATE CHARTER

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **AC HOME CONCEPTS, INC**, did on August 28, 2014, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



Certified By: Electronic Filing Certificate Number: C20140828-2490 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 28, 2014.

ROSS MILLER Secretary of State

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