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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
ACEHOLL, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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15 MAY 18 AM 10:19  
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TALLAHASSEE, FLORIDA

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**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: ACEHOLL, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
20844 NW 3RD LANE  
PEMBROKE PINES  
FL 33029

Mailing address, if different is:  
20844 NW 3RD LANE  
PEMBROKE PINES  
FL 33029

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL VENTURES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @1.00 PER VALUE

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

Name and Title: PRESIDENT JUANA DE LEWIS  
Address: 20844 NW 3RD LANE  
PEMBROKE PINES FL  
FL 33029

Name and Title: VICE PRESIDENT NILONEL HOLLIN  
Address: 20844 NW 3RD LANE  
PEMBROKE PINES  
FL 33029

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

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

Name and Title: \_\_\_\_\_  
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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: JUANA DE LEWIS

Address: 20844 NW 3RD LANE  
PEMBROKE PINES FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: JUANA DE LEWIS

Address: 20844 NW 3RD LANE  
PEMBROKE PINES FL 33029

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/15/2015 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 in my 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

05/15/2015 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted by a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 Required Signature/Incorporator

05/15/2015 Date

STATE OF FLORIDA  
TALLahassee, Florida  
15 MAY 18 AM 10:10

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