

MAR/04/2016/FRI 03:39

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3/1/2016

Division of Corporations

Florida Department of State
Division of Corporations
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((H16000053335 3)))



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TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
ACM INDUSTRIAL SUPPLIES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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March 2, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE

SUBJECT: ACM INDUSTRIAL SUPPLIES, INC.
REF: W16000015456

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H16000053335
Letter Number: 316A00004321

FILE

16 MAR -4 PM 12:48

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME ACM INDUSTRIAL SUPPLIES, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1423 CAPRILANE 3905
WESTON, FL 33326
C/O MIGUEL SANCHIS

ARTICLE III PURPOSE The Corporation shall have all the powers set forth in the
The purpose for which the corporation is organized is: Florida General Corporation Act, as in effect from time and including but not limited to the following powers: To conduct and
operate a business engaged in any lawful manner, among other things, in the purchase and sales, import and export
of general merchandise.

ARTICLE IV SHARES 1000.
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL HUSSMANN Name and Title:
Address: President - Director, 34% of the shares Address:
1423 Caprilane 3905
Weston, FL 33326

Name and Title: ALFREDO RODRIGUEZ Name and Title:
Address: Director - Secretary, 33% of the shares Address:
1423 Caprilane 3905
Weston, FL 33326

Name and Title: CARLOS VASQUEZ Name and Title:
Address: Director - Treasurer 33% of the shares Address:
1423 Caprilane 3905
Weston, FL 33326

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHAEL HUSSMANN
Address: 1423 CAPRILANE 3905
WESTON FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL HUSSMANN
Address: 1423 CAPRILANE 3905
WESTON, FL 33326

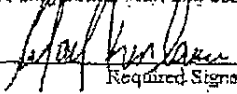
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/25/2016 (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.)

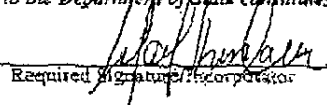
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am willing with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/29/2016
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.317.155, F.S.


Required Signature/Incorporator

02/29/2016
Date