

P23000069679

Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION ACM FOOD IMPORT & EXPORT CORP

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65:59

Certificate of Status	0
Certified Copy	1
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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: ACM FOOD IMPORT & EXPORT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6331 TWIN BRIDGES DR ZEPHYRHILLS, FL 33541

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADALBERTO CUELLAR MONCALEANO (P) Name and Title: _____

Address 6331 TWIN BRIDGES DR ZEPHYRHILLS, FL 33541 Address: _____

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: ADALBERTO CUELLAR MONCALEANO
 Address: 6331 TWIN BRIDGES DRIVE ZEPHYRHILLS, FL 33541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADALBERTO CUELLAR MONCALEANO
 Address: 6331 TWIN BRIDGES DRIVE ZEPHYRHILLS, FL 33541

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

 Required Signature/Registered Agent _____ 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.

 Required Signature/Incorporator _____ Date _____