

# P21000077323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

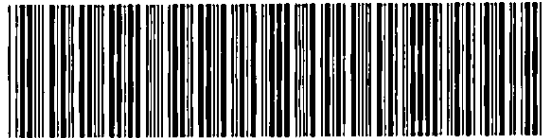
(Business Entity Name)

(Document Number)

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

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2021 AUG 30 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FL

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CLERK OF COURT  
TALLAHASSEE, FL 32301



Department of State  
Division of Corporations  
Date: 08/30/2021

American Expediting (Stealth Courier)  
1531 Commonwealth Business Dr.  
Ste 105  
Tallahassee, Fl. 32303  
850-294-5632

## **Stealth Courier Box**

Company: ACG Property Management Inc.  
Requester: Achieve Capital  
Order: 13390364

## COVER LETTER

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

ACG PROPERTY MANAGEMENT INC

**SUBJECT:** \_\_\_\_\_  
(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

[illegible]

PATRICIO FRIAS

FROM: \_\_\_\_\_  
Name (Printed or typed)  
9907 THREE LAKES CIR  
\_\_\_\_\_  
Address  
BOCA RATON, FLORIDA, 33428  
\_\_\_\_\_  
City, State & Zip  
561 451 6330  
\_\_\_\_\_  
Daytime Telephone number  
OPERATIONS@ACHIEVEGEA.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be:

ACG PROPERTY MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9907 THREE LAKES CIR

BOCA RATON, FLORIDA, 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESS

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMIREZ, GORKI P

Name and Title:

Address 9907 THREE LAKES CIR

Address:

BOCA RATON, FLORIDA, 33428

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: PATRICIO FRIAS  
Address: 9907 THREE LAKES CIR  
BOCA RATON, FLORIDA, 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PATRICIO FRIAS  
Address: 9907 THREE LAKES CIR  
BOCA RATON, FLORIDA, 33428

**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 8/30/2021

*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 8/30/2021

SECRETARY OF STATE  
TALLAHASSEE, FL

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