

P220000 27590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

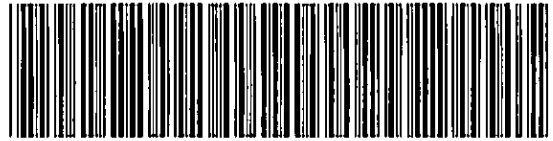
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 APR -7 PM 3:17

FILED
2022 APR -7 AM 11:3
SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/07/2022

****WALK IN****

ENTITY NAME Acentra Coporation

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: ACENTRA CORPORATION

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ILOYD FERGUSON

Name (Printed or typed)

8701 NW 38 Dr., #B2

Address

Coral Springs, FL 33065

City, State & Zip

954-648-4988

Daytime Telephone number

acentra88@gmail.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME ACENTRA CORPORATION

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

8701 NW 38 Dr., B2 Principal street address

Mailing address, if different is: _____

Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business, property acquisition, development,
consultation, import/export, investor

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lloyd Ferguson President

Name and Title: _____

Address 8701 NW 38 DR., #B2
Coral Springs, FL 33065

Address: _____

Name and Title: Lloyd Ferguson VP

Name and Title: _____

Address 8701 NW 38 Dr., #B2
Coral Springs, FL 33065

Address: _____

Name and Title: Lloyd Ferguson TR

Name and Title: _____

Address 8701 NW 38 Dr., #B2
Coral Springs, FL 33065

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2022 APR - 7 AM 11:34

FILED

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: Lloyd Ferguson

Address: 8701 NW 38 DR., #B2

Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LLOYD FERGUSON

Address: 8701 NW 38 DR., #B2

Coral Springs, FL 33065

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 7, 2022 (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:

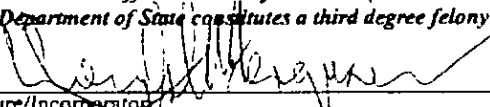


Required Signature/Registered Agent

April 7, 2022

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

April 7, 2022

Date