Division of Corporations 5/17/2020

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001459343)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

*Enter	the	email	address	for	this	busines	5 5	entity	to	be	used	for	futi	ıre
ал	nual	repor	t mailin	gs.	Enter	only o	ne	email	add	res:	s ple	ase.	* # . **	٠,

Email Address: ed@ taxzone.fl.Com

FOREIGN PROFIT/NONPROFIT CORPORATION ACUMEUS INTERNATIONAL INC

Certificate of Status	0
Certified Copy	0
Page Count	11
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

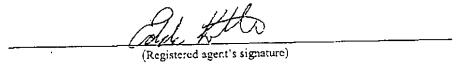
	stration Section tion of Corporations	
SUBJECT:	ACUMEUS INTERNATIONAL INC	
SOBJECT	Name of corporation -	must include suffix
Dear Sir or M	fadam:	
"Certificate o	"Application by Foreign Corporation for A of Existence," or "Certificate of Good Standaced foreign corporation to transact business	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.
Please return	all correspondence concerning this matter t	e the following:
EDDIE KOTL	LÉR	
	Name of P	erson
TAX ZONE I	NC	
	Firm/Comp	vany
8865 COMM(ODITY CIRCLE STE 4	
	Addres	35
ORLANDO F	FL 32819	_
	City/State an	d Zip code
ED@TAXZO	NEFL.COM	
	E-mail address: (to be used for	or future annual report notification)
For further in	nformation concerning this matter, please ca	all:
ED KOTLER	407	Daytime Telephone Number
Nan	ne of Person Area Code	Daytime Telephone Number
Regi Divi The 241	REET/COURIER ADDRESS: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a Please make o	a check for the following amount: check payable to: FLORIDA DEPARTMENT iling Fee	OF STATE \$ \$78.75 Filing Fee & \$\$7.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ERNATIONAL INC orporation; must include "INCORPORATED," "	COMPANY " "CORPORATION				
(Enter name of co	orp," "Inc," "Co," or "Corp.")	com				
	ERNATIONAL GROUP INC					
(If name unavails	ble in Florida, enter alternate corporate name ad-	opted for the purpose of transactin	g business in Florida)			
DELAWARE 2.	3.	3-1970950				
(State or country	y under the law of which it is incorporated)	(FEI number, if ap	FEI number, if applicable)			
09-18-2018	5					
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)					
6. 05-15-2020						
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liabili	ity)			
7. THE GREEN S	UTTE A DOVER, DE 19901 (Principal office	street address)				
	(Current mailing	address, if different)				
8. Name and street	n address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)				
Name:	EDDIE KOTLER					
Office Address:	8\$65 COMMODITY CIRCLE SUITE 4					
	ORLANDO	Florida <u>32819</u>				
	(City)	(Zip code)				
9. Registered ag	ent's acceptance:	o of process for the above state	; ; en P D d corporation at the plac			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



¹⁰ Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□ Chairman	EDDIE KOTLER Name:	□ Chairman	Name:	
□Vice Chairman	Address: S865 COMMODITY CIRCLE	□Vice Chairman	Address:	
□Director	SUITE 4	□Director		
■President	ORLANDO, FL 12819	□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		□Treasurer
Other	Other	Other		Other
□ Chainnan	Name:			
□ Vice Chairman	Address:			
□Director		⊡Director		
President		□President		
□ Vice President		□Vice President		
□Secretary	Treasurer	□ Secretary		☐Treasurer
COlher	Other	□Other		Other
□ Chairman	Name:	□Chainnan	Name:	
⊡Vice Chairman	Address:	□Vice Chairman	Address:	
Director		⊡Director		
□ President		President		
□Vice President		□Vice President		
Secretary	Treasurer	□Secretary		☐Treasurer
Other	□Other	□Other		□Other
individuals may b	Use an attachment to report more than six (6). The a cadded to the index when filing your Florida Depart	iment of state Admittal to	ed for reporting Lepo:1 form.	purposes only. Non-indexed
12.	Signature of Directo	or Officer		
The officer or dire	ector signing this document (and who is listed in nun	ahar II ahaya) affirms i	that the facts sta rutes a third dog	ited herein are true and that he o

she is aware that false information submitted in a document to the Depar s.817.155, F.S.

EDDIE KOTLER PRESIDENT



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "ACUMEUS INTERNATIONAL INC", FILED IN THIS OFFICE ON THE EIGHTEENTE DAY OF SEPTEMBER, A.D. 2018, AT 3:43 O'CLOCK P.M.

7061711 8100 SR# 20186726518

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffery W. Bullion b. Securiary of Stew

Authentication: 203449749

Date: 09-19-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:43 PM 09/18/2018
FILED 03:43 PM 09/18/2018
SR 20186713272 - File Number 7061711

STATE of DELAWARE CERTIFICATE of INCORPORATION A STOCK CORPORATION

FIRST - Name

The name of the Corporation is: ACUMEUS INTERNATIONAL INC

SECOND - Registered Agent

Its registered office in the State of Delaware is to be located at <u>8 The Green.</u>

<u>Ste A</u>, in the City of <u>Dover County of Kent Zip Code 19901</u>. The registered agent in charge thereof is

<u>A Registered Agent, Inc.</u>

THIRD - Purpose

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH - Stock

The amount of the total stock of this corporation is authorized to issue is 100 shares (number of authorized shares) with a par value of \$1.00 per share.

FIFTH - Incorporator

The name and mailing address of the incorporator are as follows:

A Registered Agent, Inc. - 8 The Green, Ste A, Dover, DE 19901

I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this 18^{th} day of <u>September</u>, A.D. 2018.

BY: ______

A Registered Agent, Inc., Incorporator Patrick Brickhouse, Assistant Secretary

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACUMEUS INTERNATIONAL INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACUMEUS INTERNATIONAL INC" WAS INCORPORATED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

7061711 8300 SR# 20186726518

You may verify this certificate online at corp.delaware.gov/authver.shtml

Japanes M. Evanson, Securetary of 33474

Authentication: 203449737

Date: 09-19-18

State Of Delaware

Entity Details

2/28/2020 3:53:42PM

File Number: 7061711

Incorporation Date / Formation Date: 9/18/2018

Entity Name: ACUMEUS INTERNATIONAL INC

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 9/18/2018

Registered Agent Information

Name: A REGISTERED AGENT, INC.

Address: 8 THE GREEN, STE A

City: DOVER

Country:

State: DE

Postal Code: 19901

Phone: 302-288-0670

IRS DEFARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 09-20-2019

Employer Identification Number:

63-1970950

Form: SS-4

Number of this notice: CP 575 A

ACUMEUS INTERNATIONAL INC a THE GRN STE 8409 DOVER, DE 19901

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AM EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-197095C. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

> 04/15/2019 Form 1120

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538. Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filling Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet dectain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE CNLY) 575A

C9-20-2018 ACUM B 999999999 S5-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Tdentification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all
 your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please team off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ACUM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE CNLY) 575A

09-20-2018 ACUM E 999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007) _____

Return this part with any correspondence so we may identify your account. Flease correct any errors in your name or address.

CP 575 A

9995533339

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 69-20-2018 EMPLOYER IDENTIFICATION NUMBER: 83-1970950 SMPLOYER IDENTIFICATION SCREEK.
FORM: SS-4 NOEOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
CILCUMBATION 45999-0023
CILCUMBATION ACUMEUS INTERNATIONAL INC
8 THE GRN STE 3409
DOVER, DE 19901 اطبالها سيالها الماليان الطباطيان