PODDOOD 33035

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



SUBJECT: Ass	et Capital Grou	ip Inc. sed corporate name - must include su	EE.J
	triopos	•	mx) 3 00003149 -02/28/000 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Statu	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Valerie Sanders Name (Printed or typed)			
1301 SW Idol Avenue			
Address Port St. Lucie, FL 34953 City, State & Zip			
(561)878-0488 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

- I. The name of the Corporation shall be and is: Asset Capital Group Inc.
- II. The principal place of business and mailing address of this Corporation shall be:

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1301 SW Idol Avenue

Port St. Lucie, FL 34953

III. The number of shares of stock of the Corporation shall be One Hundred (100) Shares of common stock, each having a par value of One and no/100 (\$1.00) Dollar for a total authorized capitalization of One Hundred and no/100 ((\$100.00) Dollars. Each of such shares shall be entitled to One (1) vote and no other classes of stock are authorized.

IV. The name and Florida Street address of the initial registered agent are:

Valerie Sanders

1301 SW Idol Avenue

Port St. Lucie, FL 34953

V. The name and address of the incorporator to these Articles of Incorporation are:

Valerie Sanders

1301 SW Idol Avenue

Port St. Lucie, FL 34953

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Valerie Sanders Signature/Registered Agent

Date