

P02000121497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

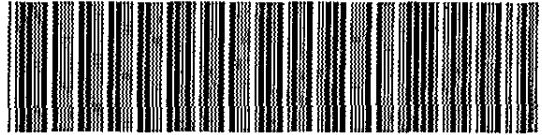
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

**SUBJECT:** American Commerce Foundation, Inc.  
(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:** Peter Muller  
Name (Printed or typed)  
  
2450 Lake Debra Dr Suite 13-105  
Address  
  
Orlando, FL 32835  
City, State & Zip  
  
(407) 445-3386  
Daytime Telephone number

**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

The name of the corporation shall be:

American Commerce Foundation, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2450 Lake Debra Dr Suite 13-105  
Orlando, FL 32835

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Baked Goods, restaurant, and memoribilia

## ARTICLE IV SHARES

The number of shares of stock is:

5,000,000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

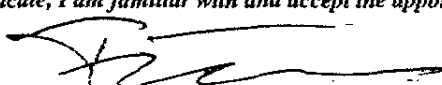
Peter Muller  
2450 Lake Debra Dr Suite 13-105  
Orlando, FL 32835

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter Muller  
2450 Lake Debra Dr Suite 13-105  
Orlando, FL 32835

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

11/05/02

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/05/02

\_\_\_\_\_  
Date

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STATE  
OF FLORIDA