

PD6000018109

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

((H06000032437 3)))

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

See memo

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

A.C. TEAM, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -7 AM 11:21

Electronic Filing Menu

Corporate Filing Menu

Help

B. McKnight FEB 08 2006



February 7, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAS-T CORP. AGENTS, INC.

SUBJECT: A.C. TEAM, INC.
REF: W06000005942

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

See Article IX and R.A. Certificate. !!!!

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

FAX Aud. #: H06000032437
Letter Number: 206A00008864

**ARTICLES OF INCORPORATION
OF
A.C. TEAM, INC.**

ARTICLE I

THE NAME OF THE CORPORATION IS:

A.C. TEAM, INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUES IS 100 SHARES AT \$10.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$1,000.00.

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW. AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION, IN THIS STATE SHALL BE:

2440 CORDOBA BEND
WESTON, FL. 33327

ARTICLE VII

THE NAME (S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

EDUARDO RAMA
2440 CORDOBA BEND
WESTON, FL. 33327

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF FOUR DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

EDUARDO RAMA - PRESIDENT - SECRETARY
2440 CORDOBA BEND
WESTON, FL. 33327


MIRTA C. QUEIROZ-- VP-TREA
(SAME ADDRESS)

ARTICLE IX

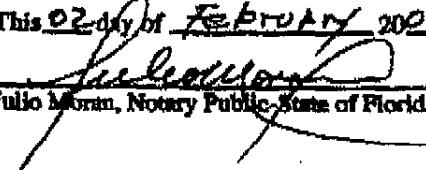
THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

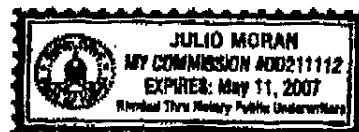
EDUARDO RAMA
2440 CORDOBA BEND
WESTON, FL. 33327

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS TWO DAYS OF FEBRUARY - 2006.


EDUARDO RAMA
Incorporator

02-02-2006
Date

Sworn to and subscribed to Before me
This 02 day of FEBRUARY 2006

Julio Moran, Notary Public, State of Florida



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is: A.C. TEAM, INC.
2. The name and address of the registered agent and office is:

EDUARDO RAMA

2440 CORDOBA BEND

WESTON, FLORIDA, 33327

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.

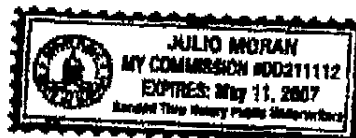
SIGNATURE

EDUARDO RAMA

DATE: 02-02-2006

Sworn to and subscribed to Before me
This 02 day of February 2006

Julio Moran, Notary Public-State of Florida



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -7 AM 11:21