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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Tenes DEC I SUFF

COVER LETTER

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

SUBJECT: Acafool, Inc.			
(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:	
<u></u>			
\$70.00 \$78.75	\$78.75	✓ \$87.50	
Filing Fee Filing Fee	Filing Fee	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy	
		& Certificate of	
		Status	
	ADDITIONAL CO	PY REQUIRED	
		-	
- lomos & Ciardina Foa			
FROM: James S Giardina, Esq.			
Name (Printed or typed)			
3802 W Bay to Bay Blvd.,			
A	ddress		
Tampa, FL 33629			
	State & Zip		
	—- r		
(813) 435-5055			
· /	elephone number		
Daytime Telephone names			

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

2006 DEC -1 PM 2

_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:

Acafool, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4205 Hartford Lake Dr., Tampa, FL 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President:

Kervens Joseph

4205 Hartford Lake Dr.

Tampa, FL 33619

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

James S. Giardina, Esq.

3802 W Bay to Bay Blvd.

Suite 11

Tampa, FL 33629

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Kervens Joseph

4205 Hartford Lake Dr.

Tampa, FL 33619

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

Signature/Incorporator

Date

Date