

PD7000039331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

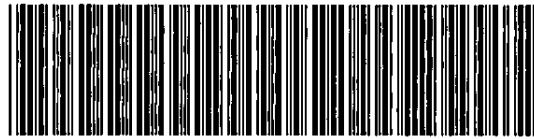
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Certificates of Status \_\_\_\_\_

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07 MAR 28 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
3/29

## COVER LETTER

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

SUBJECT: Acrylic Image Design, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael Altice Jr.

Name (Printed or typed)

2209 Cromwell Road

Address

Jacksonville, Florida 32246

City, State & Zip

904-996-0004

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:

Acrylic Design Images, Inc  
9920 Beach Boulevard  
Jacksonville, Florida 32246

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9920 Beach Boulevard  
JACKSONVILLE.FLORIDA 32246

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN THE LAW ACT OR ACTIVITY FOR WHICH THE CORPORATION MAY BE NOW  
AND HEREAFTER ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARE PAR VALUE 1.00

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MICHAEL ALTICE JR. PRESIDENT/DIRECTOR  
2209 CROMWELL ROAD  
JACKSONVILLE.FLORIDA 32246

## **ARTICLE VI REGISTERED AGENT**

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

MICHAEL ALTICE JR  
2209 CROMWELL ROAD  
JACKSONVILLE,FLORIDA 32246

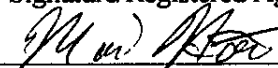
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL ALTICE JR  
2209 CROMWELL ROAD  
JACKSONVILLE,FLORIDA 32246

\*\*\*\*\*  
*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*

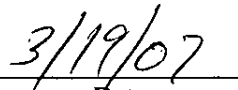
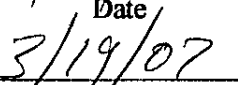
  
\_\_\_\_\_  
Signature/Registered Agent

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date