

P07000085763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

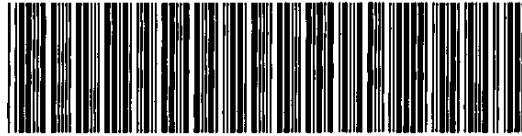
(Business Entity Name)

(Document Number)

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*w07-35194*

FILED

2007 JUL 30 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 30 2007

**COVER LETTER**

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

**SUBJECT:** ACL & Associates Corp.  
(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:** Wendolyn S. Sardina  
Name (Printed or typed)

14520 Hickory Ct  
Address

Davie, FL 33325  
City, State & Zip

(954) 253-5959  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2007

WENDOLYN S. SARDINA  
14520 HICKORY CT  
DAVIE, FL 33325

SUBJECT: ACL & ASSOCIATES CORP.  
Ref. Number: W07000035194

We have received your document for ACL & ASSOCIATES CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 307A00046033

**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:

ACL & Associates Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2863 Executive Park Dr. #103  
Weston, FL 33331

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Commerical Financing

**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):

Wendolyn S. Sardina  
President

**ARTICLE VI REGISTERED AGENT**

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

Wendolyn S. Sardina  
14520 Hickory Ct  
Davie, FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Wendolyn S. Sardina  
14520 Hickory Ct  
Davie, FL 33325

\*\*\*\*\*

*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*

Wendolyn S. Sardina  
Signature/Registered Agent

7.19.07  
Date

Wendolyn S. Sardina  
Signature/Incorporator

7.19.07  
Date

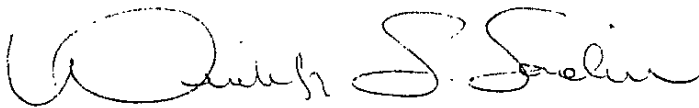
FILED  
2007 JUL 30 PM 2:05  
CLERK OF THE STATE  
PALM BEACH COUNTY, FLORIDA

Wendolyn S. Sardina  
14520 Hickory Ct  
Davie, FL 33325  
(954) 476-8000

July 27, 2007

This is a signed statement of acceptance for I, Wendolyn S. Sardina, am familiar with and accept the duties and responsibilities of Registered Agent.

Thank you,

A handwritten signature in cursive script, appearing to read "Wendolyn S. Sardina". The signature is written in dark ink and is positioned above the printed name.

Wendolyn S. Sardina