

P07000085763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

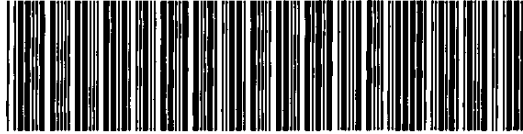
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

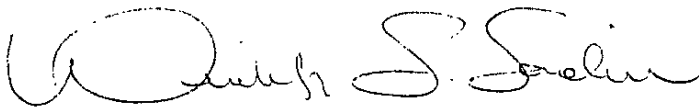
FILED
2007 JUL 30 PM 2:05
CLERK OF THE STATE
PALM BEACH COUNTY, FLORIDA

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 black ink on a white background.

Wendolyn S. Sardina