P09000055813

(Requestor's Name)		
(Address)	700156567407	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	06/01/0901010012 **78.75	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·	FILED 1009 JUN -1 P SECRETARY OF S TALLAHASSEE, FL	

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11/19/10/00/025687

COVER LETTER

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

SUBJECT:	ACC FLORIDA, INC. (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM:	Name (EW WEIR (Printed or typed) FRAL AVENUE		
Address ALBANY, NY 12205				
	City, State & Zip 518-449-8530		2009 JUN SECRETA	77
	AWEIR@N	lephone number	- 1 SSEE	
	E-mail address: (to be used NOTE: Please provide the ori	·	2: 47 STATE LORIDA	O
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NATIONWIDE INFORMATION SERVICES, INC.

1540 Central Avenue

Albany, NY 12205 (518) 449-8429 (800) 873-3482 Fax (800) 234-8522 email - aweir.nis@broadviewnet.net

MEMORANDUM

To:

Florida State

From:

Andrew Weir

Date:

June 23, 2009

RE:

ALL CUSTOM INSTALLATION

Jurisdiction: FLORIDA

Good Afternoon:

I would like to keep my original file date (date of rejection) as the date filed for the corrected certificate.

Thank you



June 3, 2009

ANDREW WEIR 1540 CENTRAL AVENUE ALBANY, NY 12205

SUBJECT: ACC FLORIDA, INC. Ref. Number: W09000025687

We have received your document for ACC FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6052.

Paisley A Alford Clerk New Filing Section

Letter Number: 609A00018453

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:

ALL CUSTOM INSTALLATION OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

400 NORTH POINT PARKWAY

SUITE 200

WEST PALM BEACH, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME IMPROVEMENT

ARTICLE IV SHARES

The number of shares of stock is:

200 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

400 NORTH POINT PARKWAY

SUITE 200

WEST PALM BEACH, FL 33407

REGISTERED AGENT

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

MICHELLE PERGOLA

400 NORTH POINT PARKWAY

SUITE 200

WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: MICHELLE PERGOLA

400 NORTH POINT PARKWAY

SUITE 200

WEST PALM BEACH, FL 33407

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