(Requestor's Name)	
(Address) (Address)	700157244647
(City/State/Zip/Phone #)	
	06/26/0901018001 **70. 00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	TALL DO
Special Instructions to Filing Officer:	FILED 19 JUL -7 ANII: 30 ECRETARY OF STATE LAHASSEE, FLORIDA
Office Use Only	
	J. Shivers JUL 0 8 2009

COVER LETTER

1

¢

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

SUBJECT: A	2 M Inc			
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
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 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED				
FROM:	CITIS Bas Name	Starache (Printed or typed)		
	3470 S.W.	34th Auc ddress	CC ARTHE	a state
	Deala, FL City, S	<u>ひいいつり</u> State & Zip	IL -7 A IARY UF ASSEE, I	Ē
	978-337-1 Daytime Te	elephone number	AM 11: 30 F STATE FLORIDA	Ö
	Hane. E-mail address: (to be used	for future annual report r	notification)	

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: ACOUTE ACM Walls Inc

ARTICLE II PRINCIPAL OFFICE

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

3470 Sw. 34th Ave Circle Apt4 Ocala. FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Dusiness

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

Bastarache (P) 3470SW 34me irele Apt 4 Ocala F. 34474 List name(s), address(es) and specific title(s): CRIS ARTICLE VI REGISTERED AGENT (S)1645 SW 5 ave Ocala FI. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maurice Bastarache 3470 SW. 34 ave Circle Apt 4 Ocala Fl. 34474

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Cris Bastarache 3470 SW.34 Tave Circle apT4 Ocala Fl. 34414

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

un Pretaracle

Signature/Registered Agent

Signature/Incorporator

 $\frac{06/24/09}{Date}$ $\frac{06/24/09}{06/24/09}$

AM II: