

P10000069311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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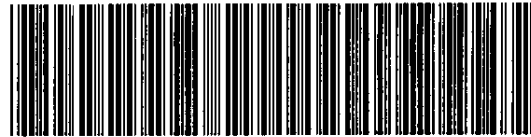
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 23 AM 9:31

B McKnight AUG 24 2010

## COVER LETTER

**Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314**

**SUBJECT:** ACR-FL INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

**Enclosed are an original and one (1) copy of the articles of incorporation and a check for:**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status
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<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: POLLY JENKINS  
Name (Printed or typed)  
PO BOX 5768  
Address  
LAKELAND FL 33807  
City, State & Zip  
863-812-2515  
Daytime Telephone number  
PollyJnkns@aol.com  
E-mail address: (to be used for future annual report 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:

ACR-FL INC

## **ARTICLE II PRINCIPAL OFFICE**

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

STREET: 205 W MEMORIAL BLVD LAKELAND FL 33815

MAILING: PO BOX 5768 LAKELAND FL 33807

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WHOLESALE, COMMISSION RECEIVED ON SALES

## **ARTICLE IV SHARES**

The number of shares of stock is:

TWENTY-FIVE

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

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

PRESIDENT	VICE PRESIDENT
POLLY JENKINS	MIKE JENKINS
5446 HIGHLANDS	5446 HIGHLANDS VISTA
VISTA CIRCLE	CIRCLE
LAKELAND FL 33812	LAKELAND FL 33812

## **ARTICLE VI REGISTERED AGENT**

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

POLLY JENKINS

5446 HIGHLANDS VISTA CIRCLE

LAKELAND FL 33812

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

POLLY JENKINS

5446 HIGHLANDS VISTA CIRCLE

LAKELAND FL 33812

\*\*\*\*\*

*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

07/28/10

\_\_\_\_\_  
Date

07/28/10

\_\_\_\_\_  
Date

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