

P110000013715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

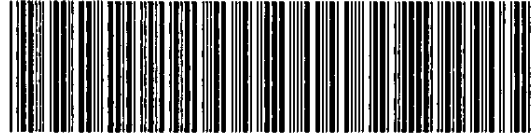
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700193313657

02/08/11--01032--017 **78.75

FILED
11 FEB -8 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/19

COVER LETTER

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

SUBJECT: American College Counselors, Inc.
(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: Alan P. Silverberg
Name (Printed or typed)

10758 Wiles Road
Address

Coral Springs, FL 33076
City, State & Zip

866-562-0235
Daytime Telephone number

KKitchen@myadc.org
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: American College Counselors, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10758 Wiles Rd.
Coral Springs, FL 33076

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

College Information

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Silverberg - President
Address: 12323 St. Simon Dr.
Boca Raton, FL 33496

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alan P. Silverberg
Address: 12323 St. Simon Dr.
Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan P. Silverberg
Address: 12323 St. Simon Dr.
Boca Raton, FL 33428

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]
Required Signature/Registered Agent

2/3/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

2/3/11
Date

FILED
11 FEB - 8 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA