

P/20000 3/638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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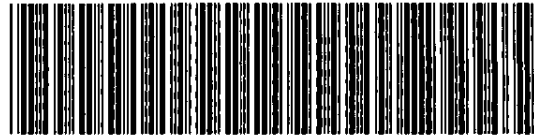
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: ACAAW, 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: Adele S. and Clifford R. Wright

Name (Printed or typed)

8 Lee Dr.

Address

St. Augustine, FL 32080

City, State & Zip

904-471-1215

Daytime Telephone number

adelewright@bellsouth.net

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 ACAAW, Inc.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
8 Lee Drive
St. Augustine, FL 32080

Mailing address, if different is: PM 2: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Leasing of rental property

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Clifford R. Wright, Pres.</u>	Name and Title: _____
Address: <u>8 Lee Drive</u>	Address: _____
<u>St. Augustine, FL 32080</u>	_____

Name and Title: <u>Adele S. Wright, Vice-Pres.</u>	Name and Title: _____
Address: <u>8 Lee Drive</u>	Address: _____
<u>St. Augustine, FL 32080</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Clifford R. Wright
Address: 8 Lee Drive
St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adele S. Wright
Address: 8 Lee Drive
St. Augustine, FL 32080

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

Clifford R. Wright
Required Signature/Registered Agent

3-19-2012
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.

Adele S. Wright
Required Signature/Incorporator

3-19-2012
Date