

Division of Corporations
P12000040834

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACCURATE CUT OF PALM BEACH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

5/2/12

RECEIVED
12 MAY - 1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
12 MAY - 1 PM 1:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS



May 1, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ACCURATE CUT OF PALM BEACH, INC.
REF: W12000023856

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: E12000119344
Letter Number: 012A00013099

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 1 PM 1:15

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H12000119344
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME ACCURATE CUT OF PALM BEACH, INC.
The name of the corporation shall be:

12 MAY -1 PM 1:16

ARTICLE II PRINCIPAL OFFICE

Principal street address
17564 63RD RD NORTH
LOXAHATCHEE, FL 33470

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P- MIGUEL ALVAREZ
Address: 17564 63RD RD NORTH
LOXAHATCHEE, FL 33470

Name and Title: _____
Address: _____

Name and Title: VP- ROBERT CRUZ
Address: 17564 63RD RD NORTH
LOXAHATCHEE, FL 33470

Name and Title: _____
Address: _____

Name and Title: S/T- ROBERT CRUZ JR
Address: 118 ENGLE RD
LAKE WORTH, FL 33460

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: ROBERT CRUZ
Address: 17564 63RD RD NORTH
LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT CRUZ
Address: 17564 63RD RD NORTH
LOXAHATCHEE, FL 33470

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

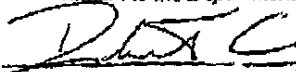


Required Signature/Registered Agent

04-30-2012

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.



Required Signature/Incorporator

04-30-2012

Date

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