

P.12000088467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

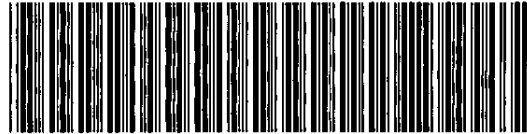
(Business Entity Name)

(Document Number)

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

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10/18/12--01001--006 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 18 PM 12:20

10/19/12

## COVER LETTER

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

**SUBJECT: ACL MARKETING, 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: **ADAM FULLER**

Name (Printed or typed)

**2300 NE 12TH AVENUE**

Address

**POMPANO BEACH, FL. 33064**

City, State & Zip

**786-566-2767**

Daytime Telephone number

**ADAMFULLER78@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

ACL MARKETING, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2300 NE 12TH AVENUE  
POMPANO BEACH, FL 33064

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
CONSULTING AND MARKETING

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: ADAM FULLER  
Address: 2300 NE 12TH AVENUE  
POMPANO BEACH, FL 33064  
PRES/SECY

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:

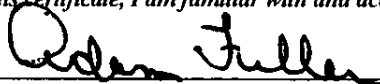
Name: ADAM FULLER  
Address: 2300 NE 12TH AVENUE  
POMPANO BEACH, FL 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADAM FULLER  
Address: 2300 NE 12TH AVENUE  
POMPANO BEACH, FL 33064

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

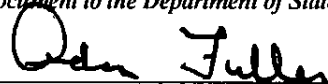


Required Signature/Registered Agent

10/15/12

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

10/15/12

Date