

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

ACG Professional Services Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ACG Professional Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4804 Mapletree Loop Wesley Chapel, FL 33544

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Amanda Govinda 4604 Mapletree Loop Wesley Chapel, FL 33544

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940 13 JAN -3 AM ID:

ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Amanda Govinda - President/Director 4604 Mapletree Loop, Wesley Chapel, FL 33544



ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Amanda Govinda 4604 Mapletree Loop, Wesley Chapel, FL 33544

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

<u> 2nd</u>

day of January

20 13

Amanda Govinda

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	: ACG Professional Services Inc.	_
2. The name and address of the reg	gistered agent and office is:	
	Amanda Govinda	
	Name	•
	4604 Mapletree Loop	
	(P.O. Box or Mail Drop Box NOT Acceptable)	•
	Wesley Chapel, FL 33544	
•	(City / State / Zip)	•

llaving been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Amanda Govinda SIGNATURE 01/02/2013