

P140000004185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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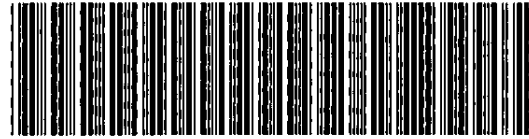
(Business Entity Name)

(Document Number)

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

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14 JAN 10 PM 4:22  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

MD 1/16

## COVER LETTER

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

SUBJECT: **Ace Cheval, 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: **William Place**

Name (Printed or typed)

**718 S. Orleans Avenue**

Address

**Tampa, FL 33606**

City, State & Zip

**813 763-2654**

Daytime Telephone number

**acegolf@verizon.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**

The name of the corporation shall be: Ace Cheval, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

718 S. Orleans Avenue

Tampa, FL 33606

Mailing address, if different is:

14 JAN 10 PM 4:22  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Golf Course, Golf Club and Athletic Club

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: William Place, President

Address: 718 S. Orleans Avenue

Tampa, FL 33606

Name and Title: Su Lee, Vice President

Address: 718 S. Orleans Avenue

Tampa, FL 33606

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: William Place  
Address: 718 S. Orleans Avenue  
Tampa, FL 33606

RECEIVED  
14 JAN 10 PM 4:22  
DEPARTMENT OF STATE  
AT 4115056 F. FLORIDA

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: William Place  
Address: 718 S. Orleans Avenue  
Tampa, FL 33606

*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*

 1/6/2014  
Required Signature/Registered Agent 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.*

 1/6/2014  
Required Signature/Incorporator Date