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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
A CUBED CONSULTING SERVICES, INC.

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

B. 1/23/14

Electronic Filing Menu Corporate Filing Menu Help

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(3)

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: A Cubed Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
12913 NW 7th Lane	12913 NW 7th Lane
Miami, FL 33182	Miami, FL 33182

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Consulting Services

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alejandro Ledon, President
Address: 12913 NW 7th Lane, Miami, FL 33182

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

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: Alejandro Ledon

Address: 12913 NW 7th Lane

Miami, FL 33182

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alejandro Ledon

Address: 12913 NW 7th Lane

Miami, FL 33182

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.

Alejandro Ledon
Required Signature/Registered Agent

1/20/14
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.

Alejandro Ledon
Required Signature/Incorporator

1/20/14
Date