

PH 0000 39799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

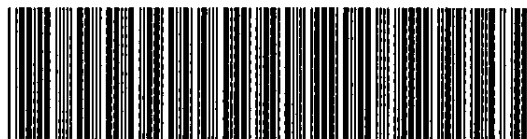
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14 MAY -5 PM 2:03  
DIVISION OF INFORMATION

*[Handwritten signature]*

**COVER LETTER**

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

**SUBJECT: ACJC Consulting 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: Angelo J. Chiaravallo**

Name (Printed or typed)

**1070 Arrington Circle**

Address

**Oviedo, Fl. 32765**

City, State & Zip

**407-365-0924**

Daytime Telephone number

**ajvallo46@gmail.com**

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
14 MAY -5 PM 2:03

**ARTICLE I NAME**  
The name of the corporation shall be: ACJC Consulting Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

1070 Arrington Circle  
Oviedo , Fl. 32765

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Provide consulting services for customers requiring support in manufacturing, quality, project management, construction - job site safety.

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

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

Name and Title: Angelo Chiaravallo - President  
Address: 1070 Arrington Circle  
Oviedo, Fl. 32765

Name and Title: Lisa Chiaravallo-Sect.  
Address: 1070 Arrington Circle  
Oviedo, Fl. 32765

Name and Title: Joseph Chiaravallo-VP  
Address: 30 Jacobs Street  
Bloomfield, N.J. 07003

Name and Title: Tiffany Chiaravallo-Trsr.  
Address: 537 SE 27th Terrace  
Boynton Beach, Fl. 33435

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: Angelo J. Chiaravallo  
Address: 1070 Arrington Circle  
Oviedo, Fl. 32765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lisa Chiaravallo  
Address: 1070 Arrington Circle  
Oviedo, Fl. 32765

*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*

Lisa Chiaravallo  
Required Signature/Registered Agent

4/30/2014  
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.*

Lisa Chiaravallo  
Required Signature/Incorporator

4/30/2014  
Date