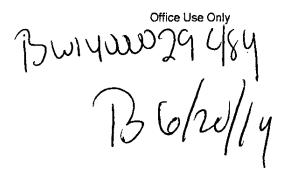
## P14000053676

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

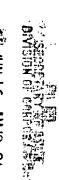




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## **ACOF INC**

**Charles Carpenter** 9210 Taylor Road Seffner, Fl 33584

**Division of Corporations Amendment Section** PO BOX 6327 Tallahassee, Fl 32314

Ref. Number: W14000029484

ACOF Inc.

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, ACOF Inc., therefore releasing the name for use to another entity. If you require any further information in order to process this request, please contact my accountant, Gary Chadee at 115 N Pinewood Ave, Brandon, FL. He can be reached at (813) 684-1367.

Sincerely,

**Charles Carpenter** 

President ACOF Inc.

## COVER LETTER

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

SUBJECT: ACC	OF, Inc.	•	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
0	haulaa Oannanta		
FROM:	harles Carpente	e (Printed or typed)	
92	210 Taylor Rd	e (Frinted of Typed)	
		Address	
S	effner, FI 33584		
	City	State & Zip	
	Daytime 1	Celephone number	
<del></del>	E-mail address: (to be use	ed 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)

ICLE I N ame of the corpo	RINCIPAL OFFICE			
10111 11	Principal street address	Mailing addre	Mailing address, if different is:	
10 Taylor	Rd			
ffner, Fl 3	3584			
ICLE III PU	IRPOSE  the corporation is organized is: Any an	d all lawful busines	SS.	
		· • • • • • • • • • • • • • • • • • • •		
icle iv si	HARES 4000			
ICLE IV Si	HARES of stock is:			
ICLE V II	IITIAL OFFICERS AND/OR DIRECTOR			
ICLE V II	ITTIAL OFFICERS AND/OR DIRECTOR			
ICLE V II	ITTIAL OFFICERS AND/OR DIRECTOR  Charles Carpenter, Presiden  9210 Taylor Rd			
Name and T	ITTIAL OFFICERS AND/OR DIRECTOR	Name and Title:		
Name and T	ITTIAL OFFICERS AND/OR DIRECTOR  Charles Carpenter, Presiden  9210 Taylor Rd	Name and Title:		
Name and T	ITTIAL OFFICERS AND/OR DIRECTOR  Charles Carpenter, Presiden  9210 Taylor Rd	Name and Title:		
Name and T Address	ITTIAL OFFICERS AND/OR DIRECTOR  Charles Carpenter, Presiden  9210 Taylor Rd	Name and Title:  Address:	JUN	
Name and T Address	Charles Carpenter, Presiden 9210 Taylor Rd Seffner, FI 33584	Name and Title:  Address:  Name and Title:	<u> </u>	
Name and T Address  Name and Tie	Charles Carpenter, Presiden 9210 Taylor Rd Seffner, FI 33584	Name and Title:  Address:  Name and Title:  Address:	6 M	
Name and T Address  Name and Tie	Charles Carpenter, Presiden 9210 Taylor Rd Seffner, FI 33584	Name and Title:  Address:  Name and Title:  Address:	6 A	
Name and T Address  Name and Tie	Charles Carpenter, Presiden 9210 Taylor Rd Seffner, FI 33584	Name and Title:  Address:  Name and Title:  Address:	6 M	
Name and To Address  Name and To Address	Charles Carpenter, Presiden 9210 Taylor Rd Seffner, FI 33584	Name and Title:  Address:  Name and Title:  Address:	16 AM 10: 24	
Name and To Address  Name and To Address	Charles Carpenter, Presiden 9210 Taylor Rd Seffner, FI 33584	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	16 AM 10: 24	

Name a	nd Title:	Name and Title:
Addres	s	Address:
The name and E	REGISTERED AGENT  Torida street address (P.O. Box NOT acceptable)	of the revisioned eacht is:
Name:	Charles Carpenter	
Address:	9210 Taylor Rd	
	Seffner, FI 33584	JUN 16
ARTICLE VII	INCORPORATOR	AM IO: 2
The <u>name and a</u>	ddress of the Incorporator is:	2
Name:	Charles Carpenter	<b>編</b> (報告) 
Address:	9210 Taylor Rd	
	Seffner, FI 33584	_
	med as registered agent to accept service of process am familiar with and accept the appointment as re  Required Signature/Registered Agent	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity  5 May 2019  Date
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
CL	Required Signature/Incorporator	5 May 2014 Date