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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/15

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JAN 5 2015

S. GILBERT

## COVER LETTER

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

SUBJECT: **ACLM, 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: **THE PAPER CHASE, INC.**

Name (Printed or typed)

**3756 S. SPRINGBREEZE WAY**

Address

**HOMOSASSA, FL. 34448**

City, State & Zip

**352 628-7114**

Daytime Telephone number

**karenkrick45@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)

**ARTICLE I    NAME**

The name of the corporation shall be: ACLM, INC.

EFFECTIVE DATE

1/1/15

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

159 NE 9TH STREET  
CRYSTAL RIVER, FL. 34428

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: LAWN AND TREE SERVICE OR ANY OTHER  
LEGAL BUSINESS IN THE STATE OF FLORIDA.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: KODY R. ANDERSON P/T

Name and Title: KEITH A. ANDERSON VP

Address 159 NE 9TH STREET  
CRYSTAL RIVER, FL. 34428

Address: 6689 W COUNTY CLUB DR.  
HOMOSASSA, FL. 34448

Name and Title: KASEY L. MOORE S

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

Address 15452 ARVIN DRIVE  
BROOKSVILLE, FL. 34604

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

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

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

Address \_\_\_\_\_

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

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15 JAN -2 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: KAREN A. KRICK

Address: 3756 S. SPRINGBREEZE WAY

HOMOSASSA, FL. 34448

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KEITH A. ANDERSON

Address: 6689 W. COUNTRY CLUB DR.

HOMOSASSA, FL. 34448

*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*

Karen A. Krick  
Required Signature/Registered Agent

01/01/2015

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.*

Keith A. Anderson  
Required Signature/Incorporator

01/01/2015

Date

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**ARTICLE VIII: BEGINNING DATE**

The beginning date is to read 01/01/2015 (January 1, 2015).