

P/5000040974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

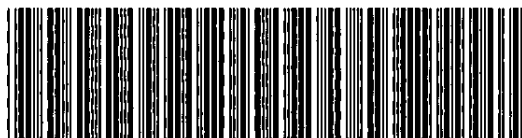
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000272352330

04/30/15--01012--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 30 PM 3:32

APPROVED
AND
FILED

14

COVER LETTER

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

SUBJECT: ASS-WHIP ACRES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Howard Jerry Harrington
Name (Printed or typed)

1319 Avalon Drive
Address

Rockledge, Fla. 32955
City, State & Zip

321/297-2710
Daytime Telephone number

jerryharrington@cfl.rr.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 APR 30 PM 3:32

ARTICLE I NAME

The name of the corporation shall be: ASS-WHIP ACRES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1319 Avalon Drive

P.O. Box 2113

Rockledge, Fla. 32955

Melbourne, Fla. 32902

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales, Sale of Chattle Goods,
Food Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard Jerry Harrington Name and Title: _____

President, Secretary

Address 1319 Avalon Drive Address: _____

Rockledge, Fla. 32955

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

15 APR 30 PM 3:32

Name and Title: _____ Name and Title: _____
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Howard Jerry Harrington
Address: 1319 Avalon Drive
Rockledge, Fla. 32955

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Howard Jerry Harrington
Address: 1319 Avalon Drive
Rockledge, Fla. 32955


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

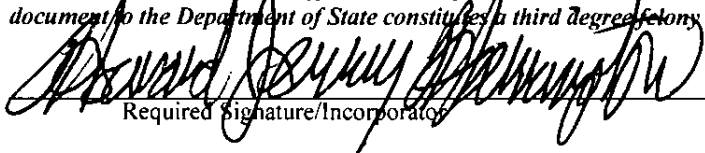


Required Signature/Registered Agent

04/27/2015

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.



Required Signature/Incorporator

04/27/2015

Date