

**P/S 000068026**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000195214 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAC00000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

FILED  
15 AUG 12 PM 12:39

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ACI Florida Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

15 AUG 12 PM 3:39

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Corporate Filing Menu

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AUG 13 2015  
S. GILBERT

8/12/2015 3:22:35 PM From: To: 8506176381( 2/4 )

## COVER LETTER

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

SUBJECT: ACI Florida Corporation

(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: ACI Florida Corporation

Name (Printed or typed)

2401 West Bay Drive, Suite 503

Address

Largo, FL 33770

City, State & Zip

727-584-7178

Daytime Telephone number

grusa@archconcept.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

15 AUG 12 PM 12:39

**ARTICLE I NAME**

The name of the corporation shall be: ACI Florida Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: SECRETARY OF STATE

2401 West Bay Drive

Suite 503

Largo, FL 33770

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Architectural Design

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Brunett Walsh - President

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

Address: 2401 West Bay Drive

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

Suite 503

Largo, FL 33770

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

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

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

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

(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: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Emmett Walsh  
Address: 2401 West Bay Drive, Suite 503  
Largo FL 33770

*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 fulfilling with and accept the appointment as registered agent and agree to act in this capacity*

By: CT Corporation System  
Required Signature/Registered Agent

Angel Nunez June 24, 2015  
Assistant Secretary 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.*

Emmett Walsh  
Required Signature/Incorporator  
Emmett Walsh

6/11/15  
Date