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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ACEA MANAGEMENT SOLUTION, CORP
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ELAINE ARAUJO
Name (Printed or typed)
9574 CAROUSEL CIRCLE NORTH
Address
BOCA RATON, FL 33434
City, State & Zip
(813) 299-3144
Daytime Telephone number
ELAINE.ARAUJO@ORTIZGAMING.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: ACEA MANAGEMENT SOLUTION, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9574 CAROUSEL CIRCLE NORTH

9574 CAROUSEL CIRCLE NORTH

BOCA RATON, FL 33434

BOCA RATON, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVARO CRIALES (PRES)

Name and Title: ELAINE ARAUJO (VP)

Address 9574 CAROUSEL CIRCLE NORTH
BOCA RATON, FL 33434

Address: 9574 CAROUSEL CIRCLE NORTH
BOCA RATON, FL 33434

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: ELAINE ARAUJO
Address: 9574 CAROUSEL CIRCLE NORTH
BOCA RATON, FL 33434

ARTICLE VII INCORPORATOR

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

Name: ELAINE ARAUJO
Address: 9574 CAROUSEL CIRCLE NORTH
BOCA RATON, FL 33434

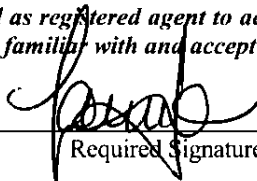
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/15/15 (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

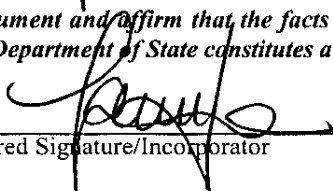


Required Signature/Registered Agent

11/17/2015

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

11/17/2015

Date