## P/60000 26083

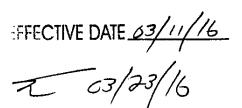
(Requestor's Name)			
, (Ac	ldress)		
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PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

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

SUBJECT: America	n Center for Skilled Trades, Inc		
30b3EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		ne (Printed or typed)	
	01 Harper Ave	Address	
Det	roit, MI 48224		
	City	, State & Zip	
313	-527-9740		
	Daytime	Telephone number	
tom	ricca@live.com		
	E-mail address: (to be us	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)

	ARTICLE II PRIN 6829 Greenview	Principal street address	<u>14701 H</u>	Mailing address, if different is: 14701 Harper			
finding employment. Also to promote skilled trades to facilitate hiring and growth in the industry.  ARTICLE IV SHARES The number of shares of stock is:  Name and Title:  123 N.Edgeworth Royal Oak, M1 48067  Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Name and Title:  Address  Name and Title:  Name and Title:	Englewood, Fl 34224		Detroit,				
ARTICLE IV SHARES The number of shares of stock is:  Name and Title:  Address  Royal Oak, M1 48067  Name and Title:	ARTICLE III PURI The purpose for which finding employment.	POSE the corporation is organized is:  Also to promote skilled trades to facilitate	individuals in the ski	lled trades and assist the industry.	hose indivi	iduals in	
ARTICLE IV SHARES The number of shares of stock is:    Name and Title:   Donald Ricca   Director	• .					- i or	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:    Tom Ricca   Associate Director   Name and Title:   Donald Ricca   Director					. 1!		
The number of shares of stock is:    ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS     Name and Title:							
Name and Title:  Tom Ricca Associate Director  Name and Title:  Address  Royal Oak, MI 48067  Name and Title:  Name and Title:  Name and Title:  Address:  Name and Title:  Name and Title:  Name and Title:  Address:  Name and Title:							
Address:  Royal Oak, MI 48067  Grosse Pointe Park, MI 48230  Name and Title:  Address:  Address:  Name and Title:  Name and Title:  Name and Title:		Tom Rices Associate Director		Donald Ricca Direce:	etor		
Name and Title:  Address  Address:  Name and Title:  Name and Title:  Name and Title:	Address	123 N.Edgeworth	Address:	1435 Balfour			
Address:  Address:  Name and Title:  Name and Title:		Royal Oak, MI 48067		Grosse Pointe Park,	MI 48230		
Name and Title: Name and Title:	Name and Tit	le:	Name and Title	e:			
Name and Title: Name and Title:	Address		Address:				
Address Address:	Name and Tit	le:	Name and Title	e:			
	Address		Address:		· · ·		

Name a	and Title:	Name and Title:	_
Addre	ss	Address:	_
	-		_
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	Dave Ricca	value) of the registered agent is.	
Address:	6829 Greenview		
	Englewood, FI 34224		
ARTICLE VII	<u>INCORPORATOR</u>		·
The <u>name and a</u>	address of the Incorporator is:	<del>",</del>	1.4.
Name:	Tom Ricca		
Address:	123 N.Edgeworth		
	Royal Oak		
Effective date, i (If an effective days after the t	filing.)	d cannot be more than five business days prior or 90 business	
	te inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed a ecords.	S
Having been no this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointme	process for the above stated corporation at the place designated nt as registered agent and agree to act in this capacity	in
	A	3/11/2016	
	Required Signature/Registered Ag	Date Date	-
I submit this do document to the	ocument and affirm that the facts stated here Department of State constitutes a third degi	ein are true. I am aware that the false information submitted in see felony as provided for in s.817.155. F.S.	a
Mu	/h	3/11/2016	
Requ	uired Signature/Incorporator	Date	-