## P16000074952

(Re	(Requestor's Name)			
(Ad	ldress)			
	Idaa aa	·		
(Ad	(Address)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	cument Number)	·····		
Certified Copies	Certificate	s of Status		
	_			
Special Instructions to	Filing Officer:			
<u> </u>				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: Van	Acker Construction Associates, Inc.					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
<b>.</b>						
Enclosed are an	original and one (1) copy of the arti-	cles of incorporation and	d a check for:			
<b>\$70.0</b>	0 🖬 \$78.75	<b>□</b> \$78.75	□ \$87.50			
Filing Fe	e Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of			
			Status			
		ADDITIONAL CO	PY REQUIRED			
•						
	Van Acker Construction Associates, Inc.					
FROM:						
	Name	(Printed or typed)				
	1060 Redwood Hwy Frontage Road					
-	Address					
Mill Valley, CA 94941						
City, State & Zip						
Ony, Suite & Zap						
	415-384-2373					
-	Daytime Telephone number					
smadden@vanacker.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

RTICLE I NAME he name of the corpora		sociates, Inc.	2016 SEP - 1 AM 7: 1
RTICLE II PRIN	CIPAL OFFICE Principal street address rontage Road		Mailing addtess, if different is E. FLORIC
ill Valley, CA 94941			
RTICLE III PURP te purpose for which	OSE the corporation is organized is:	Contracting (COU	thruction) (m)
			7-1
TICLE IV SHAR number of shares of			
Name and Titl	e:	Name and Title	Pamela Bleier, Secretary
Address	1060 Redwood Hwy Frontage Road	Address:	1060 Redwood Hwy Frontage Road
Mill	Mill Valley, CA 94941	_	Mill Valley, CA 94941
Name and Title	·	Name and Title	
Address		Address:	
Name and Title	:	Name and Title	·
Address		Address:	

	•		FILED
Name a	nd Title:	_ Name and Tit	2016 SEP - 1 AM 7: 19
Addres		Address:	TALL SHARRED FOR STATE
7100103		Address.	PASSEE, FLORIDA
		_	
		_	
ADTICLE I/I	DECICTEDED ACENT		
ARTICLE 1/1 The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the registered a	egent is:
Name:	William Leathers		
Address:	404 Kelly Plantation Drive, Unit 308 OWP	_	
	Destin, FL 32541	_	
	W.003303 . Top		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Gary Van Acker	_	
Address:	1060 Redwood Hwy Frontage Road	_	
	Mill Valley, CA 94941	_	
ADTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	. (0	
(If an effective days after the fi	date is listed, the date must be specific and cann- iling.)	ot be more than	five business days prior or 90 business
Note: If the date the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing r	requirements, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above so gistered agent an	tated corporation at the place designated in ad agree to act in this capacity
	William Leathers		8/26/2016   9:20 AM PDT
	Required अंधुनिकारित / Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are	true. I am awai	re that the false information submitted in a
	Department of State constitutes a third degree felouigned by:	iy as proviaea foi	**************************************
	ired Signature/Incorporator		Date