

PIL000085529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

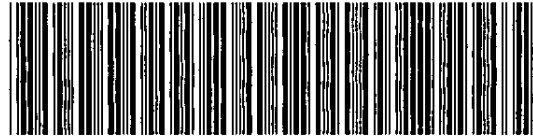
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291364559

10/20/16--01017--006 **78.75

16 OCT 20 AM 9:42
CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ACC CONSULTING GROUP, INC.

(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: ALISA CATOGGIO

Name (Printed or typed)

10437 BOW COURT

Address

BOCA RATON, FL 33498

City, State & Zip

954-980-0912

Daytime Telephone number

marcgerlick@yahoo.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: ACC CONSULTING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10437 BOW COURT

BOCA RATON, FL 33498

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS CONSULTING

16 OCT 20 AM 9:42
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100 SH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALISA CATOGGIO, PRES.

Name and Title:

Address

10437 BOW COURT

Address:

BOCA RATON, FL 33498

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: ALISA COTOGGIO
Address: 10437 BOW COURT
BOCA RATON, FL 33498

16 OCT 20 AM 9:43
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ALISA COTOGGIO
Address: 10437 BOW COURT
BOCA RATON, FL 33498

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 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

Alisa Cotoggio
Required Signature/Registered Agent

10/17/2016
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.

Alisa Cotoggio
Required Signature/Incorporator

10/17/2016
Date