

3/22/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KIJONNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
AC MANNY CORP

Certificate of Status	1
Certified Copy	0
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BUREAU OF COMMERCIAL
INFORMATION SERVICES

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MAR 23 2017

T. SCOTT

COVER LETTER

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

SUBJECT: AC Manny 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: KJOENNA SERVICES INC

Name (Printed or typed)

2141 SW 1st ST SUITE 110

Address

MIAMI, FL

City, State & Zip

786-499-7132

Daytime Telephone number

CARRILLOSMANNY@HOTMAIL.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:

AC Manny Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address47 NW 6TH AVE # 1HOMESTEAD, FL 33030

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MANUEL AJTUM CARRILLOName and Title: N/AAddress: PRESIDENT

Address: _____

47 NW 6TH AVE # 1HOMESTEAD, FL 33030Name and Title: N/AName and Title: N/A

Address: _____

Address: _____

Name and Title: N/AName and Title: N/A

Address: _____

Address: _____

7 FEB 22 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name and Title: N/A Name and Title: N/A
Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MANUEL AJTUM CARRILLO
Address: 47 NW 6TH AVE # 1 HOMESTEAD, FL
33030

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MANUEL AJTUM CARRILLO
Address: 47 NW 6TH AVE # 1 HOMESTEAD, FL
33030

ARTICLE VIII EFFECTIVE DATE: 03/17/2017

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Manuel Ajtum Carrillo

Required Signature/Registered Agent

03/17/2017

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.

Manuel Ajtum Carrillo

Required Signature/Incorporator

03/17/2017

Date