

P170000 78946

(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

3 2017

SAMS



800304078138

10/02/17--01022--016 \*\*70.00

17 OCT -2 PM 4:34  
FILING OFFICE  
SAMS

# **AFFIDAVIT**

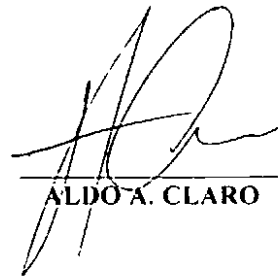
17 OCT -2 PM 4:34

NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, on this day personally appeared **ALDO A. CLARO**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **ACG LOGISTICS CORP.**, a Florida corporation to be filed with the Florida Department Of State on or about **SEPTEMBER 28<sup>TH</sup> 2017**.
2. The undersigned hereby consents to and authorizes the use by **ACG LOGISTICS CORP.**, of the name **ACG LOGISTICS CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

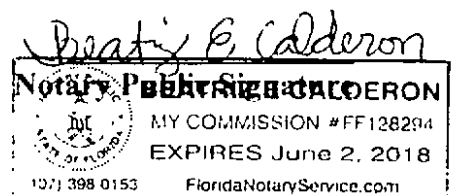


ALDO A. CLARO

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **ALDO A. CLARO**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this **28<sup>th</sup>** day of **SEPTEMBER, 2017**



## COVER LETTER

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

**SUBJECT:** ACG LOGISTICS 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:** JAMES GONZALEZ

\_\_\_\_\_  
Name (Printed or typed)

3650 NW 82ND AVE SUITE # 404

\_\_\_\_\_  
Address

DORAL, FL 33166

\_\_\_\_\_  
City, State & Zip

305-406-3800

\_\_\_\_\_  
Daytime Telephone number

atplus@live.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: ACG LOGISTICS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2300 SW 141ST AVE

MIAMI, FL 33175

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALDO A. CLARO PRESIDENT

Name and Title: \_\_\_\_\_

Address 2300 SW 141ST AVE

Address: \_\_\_\_\_

MIAMI, FL 33175

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
17 OCT -2 PM 4:34  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

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: GUSTAVO COLINA  
Address: 2300 SW 141ST AVE  
MIAMI, FL 33175

**ARTICLE VII INCORPORATOR**

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

Name: ALDO A. CLARO  
Address: 2300 SW 141ST AVE  
MIAMI, FL 33175

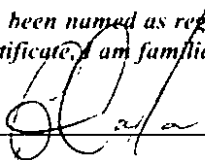
**ARTICLE VIII EFFECTIVE DATE:**

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

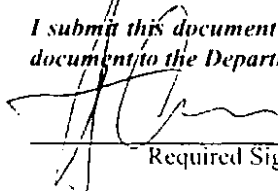
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 9/28/2017  
Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 9/28/2017  
Required Signature/Incorporator Date