

P18000042924

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

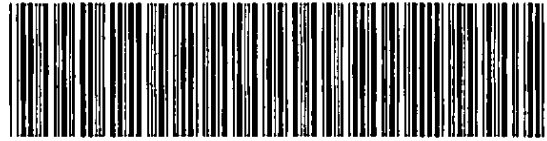
Special Instructions to Filing Officer:

Office Use Only

W18000373W

MAY 14 2018

T. SCOTT



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04/17/18--01026--027 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 11 AM 8:51

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2018 MAY 11 AM 9:04

CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

April 24, 2018

LIZA GONZALEZ
8004 N.W. 154TH STREET, SUITE 595
MIAMI LAKES, FL 33016

SUBJECT: ACE PRIVATE INVESTIGATION AGENCY, INC.
Ref. Number: W18000037300

We have received your document for ACE PRIVATE INVESTIGATION AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete attach application.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 318A00007974

COVER LETTER

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

SUBJECT: ACE PRIVATE INVESTIGATION AGENCY, 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 ☒ \$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: LIZA GONZALEZ

Name (Printed or typed)

8004 N.W. 154th Street, Suite 395 409

Address

Miami Lakes, Florida 33016

City, State & Zip

305-567-2767

Daytime Telephone number

columbopiagency@gmail.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: ACE PRIVATE INVESTIGATION AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6500 Cow Pen Road

Suite 302

Miami Lakes, Florida 33016

Mailing address, if different is:

8004 N.W. 154th Street

Suite 595

Miami Lakes, Florida 33014

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: GONZALEZ LIZA M, President/Director

Name and Title: _____

Address 8004 N.W. 154th Street

Address: _____

Suite 409

Miami Lakes, Florida 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2018 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, 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: MARCOS A. GONZALEZ PA

Address: 6500 COW PEN ROAD, SUITE 302

MIAMI LAKES, FLORIDA 33014

ARTICLE VII INCORPORATOR

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

Name: Gonzalez Liza M

Address: 8004 NW 154 Street, Suite 409

Miami Lakes, FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/05/2018 (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

Required Signature/Registered Agent

05/05/2018

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.

Required Signature/Incorporator

05/05/2018

Date