## P18000042974

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(Address)				
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(City/State/Zip/Phone #)				
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T. SCOTT



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SECRETARY OF STATE TALLAHASSEE, FLORIOA

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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 PR	IVATE INVESTIGATION AGEN	CY, INC.		
30B3EC1	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate o Status	
		ADDITIONAL CO		
	A GONZALEZ	e (Printed or typed)		
800-	4 N.W. 154th Street, Suite 395. 4 (	)9		
		Address		
Mia	mi Lakes, Florida 33016			
	City	. State & Zip		
305-	-567-2767			
	Daytime Telephone number			
colu ——	mbopiagency@gmail.com	ed for future annual report	notifiantion)	

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)

TICLE II PRI	<u>NCIPAL OFFICE</u>		
Principal street address		Mailing address, if different is: 8004 N.W. 154th Street	
ite 302		Suite 595	
1iami Lakes, Florida 33016		Miami Lakes, Florida 33014	
RTICLE III PUR	POSE h the corporation is organized is:		
ny and all lawful b	isiness.		
	<del></del>	<del></del>	
OTICLE IV SH.	<u>IRES</u> 100		
e number of shares	of stock is:  **IAL OFFICERS AND/OR DIRECTOR:	<u>S</u>	
e number of shares	of stock is:  **IAL OFFICERS AND/OR DIRECTOR:  GONZALEZ LIZA M, President/Director.	<u>S</u>	
e number of shares	of stock is:  FIAL OFFICERS AND/OR DIRECTOR:  GONZALEZ UZA M. Prosident/Dir	Sector Name and Title:	
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MARCOS A. GONZALEZ PA  6500 COW PEN ROAD, SUITE 302  MIAMI LAKES, FLORIDA 33014  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Mami: Gonzalez Liza M  8004 NW 154 Street, Suite 409  Miami Lakes, FL 33016  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (05/05/5018  (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 at the document's effective date on the Department of State's records.  Maving been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required supnament effective date herein are true. I am aware that the false information submitted in the submit this document, and affirm that the facts stated herein are true. I am aware that the false information submitted in the submit this document, and affirm that the facts stated herein are true. I am aware that the false information submitted in the submit this document, and affirm that the facts stated herein are true. I am aware that the false information submitted in the false informat	Name a	nd Title:	Name and Title:
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  6500 COW PEN ROAD, SUITE 302  MIAMI LAKES, FLORIDA 33014  ARTICLE VII. INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Gonzalez Liza M  8004 NW 154 Street, Suite 409  Miami Lakes, FL 33016  ARTICLE VIII. EFFECTIVE DATE: Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the liling.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a he document's effective date on the Department of State's records.  Having been named as registered agent to accept service of procesy for the above stated corporation at the place designated his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  05/05/2018  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 it document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  05/05/2018	Addres		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  MARCOS A. GONZALEZ PA  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:  Mami: Lakes. FL 33016  ARTICLE VIII EFFECTIVE DATE:  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 at 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  O5/05/2018  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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  (05/05/2018)			
MARCOS A. GONZALEZ PA  Address:    MARCOS A. GONZALEZ PA			e) of the registered agent is:
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