

P18000054137

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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DIVISION OF CORPORATIONS  
EXCELSIOR CORPORATE SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

ACAI QUEEN INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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JUN 18 2018

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**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: ACAI QUEEN INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5701 COLLINS AVE # 1001

5701 COLLINS AVE # 1001

MIAMI, FL 33140

MIAMI, FL 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RETAIL BOWLS

To engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 with \$1.00 Par Value

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

Name and Title: SANDRA RECCHIONE, Director

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

Address 5701 COLLINS AVE # 1001

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

MIAMI, FL 33140

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: SANDRA RECCHIONE  
Address: 5701 COLLINS AVE # 1001  
MIAMI, FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: SANDRA RECCHIONE  
Address: 5701 COLLINS AVE # 1001  
MIAMI, FL 33140

**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 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*

X Sandra Recchione  
Required Signature/Registered Agent:

6/15/18  
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.*

Ms. S. Recchione  
Required Signature/Incorporator

6-15-18  
Date