

P18000056309

(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



400315117324

400315117324  
06/26/18--01001--005 \*\*140.00

JUN 25 PM 4:49

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUN 25 AM 9:26

FILED

JUN 26 2018

T SCHROEDER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

6/25

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

Inc

1. AC Flint P.A.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: ACFLINT, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

221 W. Hallandale Beach Blvd., Suite 209

Hallandale Beach, Florida 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in every phase and aspect of the business of  
rendering the same services to the public that a licensed attorney, under the laws of the State of Florida, is  
authorized to render, and to engage in any other acts that are permitted by law.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Alexander Flint, P/D

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

Address

221 W. Hallandale Beach Blvd.

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

Suite 209

Hallandale Beach, FL 33009

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

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

Address

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

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

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

Address

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

**FILED**  
18 JUN 25 AM 9:26  
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: Alexander Flint, Esq.  
Address: 221 W. Hallandale Beach Blvd., Suite 209  
Hallandale Beach, FL 33009

**ARTICLE VII INCORPORATOR**

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

Name: Alexander Flint, Esq.  
Address: 221 W. Hallandale Beach Blvd.,  
Suite 209, Hallandale Beach, FL 33009

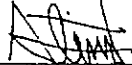
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

06/25/2018  
\_\_\_\_\_  
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

06/25/2018  
\_\_\_\_\_  
Date

FILED  
18 JUN 25 AM 9:26  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA