

P20000055928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

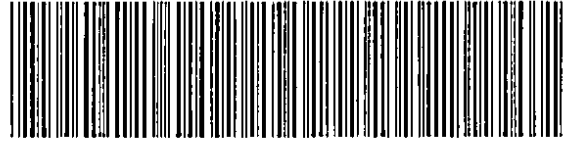
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: ACG Accounts Inc.

Requester: Corp. Services

COVER LETTER

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

SUBJECT: ACG ACCOUNTS INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: CORP SVCS INTL _____
Name (Printed or typed)

7050 W PALMETTO PARK ROAD.#15-300.
Address

BOCA RATON FL 33433

561 403 9084
Daytime Telephone number

OPERATIONS@CORPSVCSINTL.COM

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 ACCOUNTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2499 GLADES ROAD.

SUITE 107.

BOCA RATON FL 33431

Mailing address, if different is:

7050 W PALMETTO PARK RD.

#15-300.

BOCA RATON FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTERNATIONAL COMMERCIAL INSURANCE SERVICES & CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALDIVIA, WALTER J

PRESIDENT

Address 19712 DINNER KEY DR.

BOCA RATON FL 33428

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: CARLA MARCELO
Address: 7050 W PALMETTO PARK RD. #15-300.
BOCA RATON FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIO FRIAS
Address: 7050 W PALMETTO PARK ROAD. #15-300.
BOCA RATON FL 33433

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.

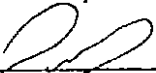
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:


Required Signature/Registered Agent

JULY 27, 2020

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

JULY 27, 2020

Date

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