

P2100001775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

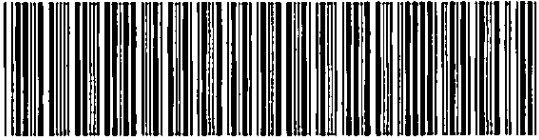
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600358986876

02/02/21--01003--029 **70.00

R. WHITE
FEB 24 2021

COVER LETTER

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

SUBJECT: ACM, 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CHRIS MOREAU
Name (Printed or typed)

115 SOUTH B. STREET
Address

LAKE WORTH, FLORIDA 33460
City, State & Zip

(561) 891-5178
Daytime Telephone number

ALLANEXPERT137@YAHOO.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: ACM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

115 SOUTH B STREET

LAKE WORTH, FLORIDA 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT HANDYMAN

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRS MORLAU, PRESIDENT Name and Title: _____

Address 115 SOUTH B STREET Address: _____
LAKE WORTH, FLORIDA 33460

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: CHRIS MOREAU

Address: 115 SOUTH B STREET

LAKE WORTH, FLORIDA 33460

ARTICLE VII INCORPORATOR

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

Name: CHRIS MOREAU

Address: 115 SOUTH B STREET

LAKE WORTH, FLORIDA 33460

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

X

Required Signature/Registered Agent

X

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.

X

Required Signature/Incorporator

X

Date

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: ACM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

115 SOUTH B STREET
LAKE WORTH, FLORIDA 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT HANDYMAN

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRIS MOREAU, PRESIDENT Name and Title: _____

Address 115 SOUTH B STREET Address: _____
LAKE WORTH, FLORIDA 33460

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: CHRIS MOREAU
Address: 115 SOUTH B STREET
LAKE WORTH, FLORIDA 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRIS MOREAU
Address: 115 SOUTH B STREET
LAKE WORTH, FLORIDA 33460

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

X Chris Moreau
Required Signature/Registered Agent

X 1/28/21
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.

X Chris Moreau
Required Signature/Incorporator

X 1/28/21
Date