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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACOMOEZ, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:ACOMOEZ, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

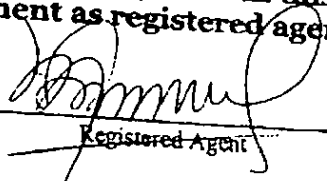
1034 Bayberry loop
Clewiston, FL 33440.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER::**Maria Eugenia Sosa (P)1034 Bayberry loop
Clewiston, FL 33440.FILED
21 JUN 18 PM 12:43
TALLAHASSEE, FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria Eugenia Sosa.
1034 Bayberry loop
Clewiston, FL 33440.**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maria Eugenia Sosa
1034 Bayberry loop
Clewiston FL 33440

Required Signatures:

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

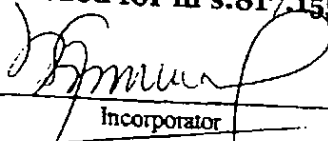


Registered Agent

06/18/2021

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.



Incorporator

06/18/2021

Date

FILED
21 JUN 18 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA