

P21000077322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

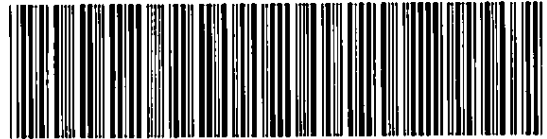
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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Department of State
Division of Corporations
Date: 08/30/2021

American Expediting (Stealth Courier)
1531 Commonwealth Business Dr.
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Tallahassee, Fl. 32303
850-294-5632

Stealth Courier Box

Company: ACG Investors Inc.
Requester: Achieve Capital
Order: 13390364

COVER LETTER

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

ACG INVESTORS INC

SUBJECT: _____
(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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

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

PATRICIO FRIAS

FROM: _____
Name (Printed or typed)

9907 THREE LAKES CIR

Address

BOCA RATON, FLORIDA, 33428

City, State & Zip

561 451 6330

Daytime Telephone number

OPERATIONS@ACHIEVEGEA.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

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ARTICLE I NAME ACG INVESTORS INC

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address
9907 THREE LAKES CIR
BOCA RATON, FLORIDA, 33428

Mailing address, if different is:

ARTICLE III PURPOSE

ANY LAWFULL BUSINESS

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMIREZ, GORKI P Name and Title: _____
Address 9907 THREE LAKES CIR Address: _____
BOCA RATON, FLORIDA, 33428

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: PATRICIO FRIAS
 Address: 9907 THREE LAKES CIR
BOCA RATON, FLORIDA, 33428

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIO FRIAS
 Address: 9907 THREE LAKES CIR
BOCA RATON, FLORIDA, 33428

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 8/30/2021
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.

 Required Signature/Incorporator 8/30/2021
Date