P21000011325

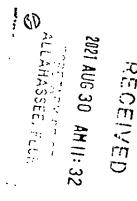
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
| |
| |
| |
| |





600370223936

08/30/21--01009--005 **70.00



2021 AUG 3U AM II: 59
SECRETARY OF STAT



Department of State Division of Corporations

Date: 08/30/2021

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company: ACG Real States 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 REAL STATE I | NC | |
|--------------------------|--|--|-------------------------|
| SUBJECT: | | | |
| | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | ticles of incorporation and | la check for: |
| X1 \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | PATRICIO FRIAS | | |
| | Name | e (Printed or typed) | |
| | 9907 THREE LAKE | S CIR | |
| | | Address | |
| | BOCA RATON, FLO | ORIDA, 33428 | |
| | City, 561 451 6330 | State & Zip | |
| **** | Daytime T | elephone number | |
| | OPERATIONS@ACHIEV | VEGEA.COM | |
| | E-mail address: (to be use | d for future annual report n | otification) |

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

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2021 AUG 30 AM 11: 59

| ARTICLE I NA | ME ACG REAL S' coration shall be: | TATE INC SECRET | ARY OF STATE |
|----------------------|---|--|--------------|
| | | | HASSEE, FL |
| | INCIPAL OFFICE Principal street address | Mailing address, if differ | • |
| 9907 THREE I | LAKES CIR | | |
| BOCA RATON | FLORIDA, 33428 | · · · · · · · · · · · · · · · · · · · | |
| ARTICLE III PU | RPOSE | ANY LAWFULL BUSINESS | |
| the purpose for whi | ch the corporation is organized is: | | |
| | | | |
| | | | |
| | | | |
| <u> </u> | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | = , · · · · · · · · · · · · · · · · · · | | |
| ARTICLE IV SH | ABEC 1000 | | |
| The number of shares | s of stock is: | | |
| | | | |
| | TIAL OFFICERS AND/OR DIRECTO | | |
| Name and | Fitte: RAMIREZ, GORKI P | Name and Title: | |
| Address | 9907 THREE LAKES CIR | Address: | |
| | BOCA RATON, FLORIDA, 334 | 28 | |
| | | | |
| | | | |
| Name and T | itle: | Name and Title: | |
| Address | | Address: | |
| | | | ···· |
| | | | |
| Name and T | itle: | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| | | | |

| · · | |
|--------|--------|
| • | ACTOR. |
|) | - |
| : | T |
| | U |
| | |

| Name a | and Title: | Name and Title: | |
|---|--|---|----------------------|
| Addre | <u></u> | Address: | _ |
| | | | - |
| | REGISTERED AGENT | No feet on the control of the control | |
| Name: | Florida street address (P.O. Box NOT acceptable PATRICIO FRIAS | ;) of the registered agent is: | |
| | 9907 THREE LAKES CIR | | |
| Address: | BOCA RATON, FLORIDA, 33428 | | |
| <u>ARTICLE VII</u> | INCORPORATOR | SEC TA | 2021 |
| The name and | address of the Incorporator is: | | Ē. |
| Name: | PATRICIO FRIAS | A+ TA | - ရာ မေ |
| Address: | 9907 THREE LAKES CIR | TARY OF AHASSEE | č |
| , | BOCA RATON, FLORIDA, 33428 | AHASSEE, | 021 AUG 30 AM 11: 59 |
| | EFFECTIVE DATE: | FAIE | 59 |
| (If an effective | if other than the date of filing: | | |
| | te inserted in this block does not meet the applica effective date on the Department of State's recon | thle statutory filing requirements, this date will not be listed ands. | ıs |
| Having been na certificate, I am | omed as registered agent to accept service of proces familiar with and accept the appointment as regi | ss for the above stated corporation at the place designated in t istered agent and agree to act in this capacity | his |
| | (of D | 8/30/2021 | |
| · . | Required Signature/Registered Agent | Date | _ |
| | ocument and affirm that the facts stated herein is Department of State constitutes a thirt fagree fe | are true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S. | a |
| | Call | 8/30/2021 | |
| Required Signal | ture/Incorporator | Date | - |