

P22000032400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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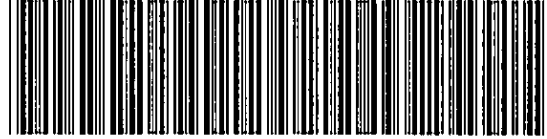
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/22 --01040--022 **70.00

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2022 APR 11 AM 12:55
CLERK OF COURT
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COVER LETTER

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

SUBJECT: Ace RV services 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: William D Poling
Name (Printed or typed)

15097 Hamlin BLVD
Address

Loxahatchee FL 33470
City, State & Zip

561- 449- 3508
Daytime Telephone number

polingwnt@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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: Ace RV Services Inc.

ARTICLE II PRINCIPAL OFFICE

15097 Hamlin Blvd

Principal ~~street~~ address

Mailing address, if different is:

Loxahatchee FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RV Service And
Repairs

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Poling President Name and Title:

Address: 15097 Hamlin Blvd Address:

Loxahatchee
FL 33470

Name and Title: Susan Doherty Secretary Name and Title:

Address: 15097 Hamlin Blvd Address:

Loxahatchee
FL 33470

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE
OF
FLORIDA

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: William Poling
Address: 15097 Hamlin Blvd
Loxahatchee FL 33470

ARTICLE VII INCORPORATOR

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

Name: William Poling
Address: 15097 Hamlin Blvd
Loxahatchee FL 33470

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STATE OF FLORIDA

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

William Poling
Required Signature/Registered Agent

April 7 2022
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.

William Poling
Required Signature/Incorporator

April 7 2022
Date