

P22000063257

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 08/12/2022

Acc#120160000072

*en: 12/11*

Name:	Acme Amalgamated Services, Inc.
Document #:	
Order #:	14493165

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
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Ref# _____

Amount: \$ 70.00

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Thank you!

**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: ACME AMALGAMATED SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6300 Pasadena Point Blvd.

Slip 8

Gulfport, FL 33707

Mailing address, if different is:

P.O. Box 531272

St. Petersburg, FL 33711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: C T Corporation System

Address: 1200 South Pine Island Road Plantation,  
FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: David Black

Address: 114 Barrington Town Square Drive, Suite 304  
Aurora, Ohio 44202

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**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*

By: C T Corporation System  
\_\_\_\_\_  
Required Signature/Registered Agent

ROSE SONG, ASSISTANT  
SECRETARY

8.12.2022  
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.*

David D Black  
Required Signature/Incorporator

08/11/2022  
Date