Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000042265 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

£rom:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

**Enter	the	email	address	for	this	busine:	SS	entity	to	be	used	for	fut	ure
an	nual	nepont	t mailin	gs.	Enter	only o	ne	email	add	ress	s ple	ase.	**	

Email	Address:						
-------	----------	--	--	--	--	--	-------------

FLORIDA PROFIT/NON PROFIT CORPORATION ACCP CONSTRUCTION CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

GEALD WEINBERGOOD 42-65 3No. 6421 P. 2

ARTICLES OF INCORPORATION

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

Street address	Mailing addres 629 SW 0TH AVENUE CAPE CORAL, FL 33991	ss, if different is:
ANNA	629 SW 0TH AVENUE	
ANNA	CAPE CORAL, FL 33991	
41074		
ΔΝΥ Δ	ND ALL LAWELL BUSINESS	!
ation is organized is:	ND ALL LAWFUL BUSINESS	
	F. Haddingson, and the same of	

00		
		
ERS AND/OR DIRECTORS		~
N PHILLIPS, P	Name and Title:	
MATH ANTENIE		
	Address:	,
CORAL, FL 33991	_	
	Name and Title:	
	Address:	
		
	Name and Title:	
	Name and Title:	
	N PHILLIPS, P V 9TH AVENUE CORAL, FL 33991	PHILLIPS, P Name and Title: V 9TH AVENUE Address: CORAL, FL 33991 Name and Title: Address:

(H230000 42265 3)

	and Title:	Name and Title:	
Addı	ess	_ Address:	
			·
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	AARON PHILLIPS	-	
Address:	629 SW 9TH AVENUE	-	
	CAPE CORAL, FL 33991	_	
ARTICLE VI			
	address of the Incorporator is:		
The name and	LAWRENCE A. KIRSCH	-	r ·
The name and	LAWRENCE A. KIRSCH 41 STATE STREET, SUITE 700	- -	r·
The name and	LAWRENCE A. KIRSCH	- -	r ·
Name: Address: ARTICLE VI Effective date	LAWRENCE A. KIRSCH 41 STATE STREET, SUITE 700 ALBANY, NEW YORK 12207 II EFFECTIVE DATE: if other than the date of filing:	- - (OPTIONAL)	- -
Name: Address: ARTICLE VI Effective date	LAWRENCE A. KIRSCH 41 STATE STREET, SUITE 700 ALBANY, NEW YORK 12207	- - - . (OPTIONAL) of be more than five days pi	- -

02/01/2023 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 pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

O2/01/2023

Required Signature/Incorporator

H230000 42265