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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Acai Guys Inc

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

2024 JAN -5 AM 10:09

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850-617-8381

12/28/2023 9:44:24 AM PAGE 1/001 Fax Server



December 28, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: ACAI GUYS INC
REF: W23000169980

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
Regulatory Specialist IIFAX Aud. #: H23000438204
Letter Number: 823A00029362

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

ARTICLE I NAMEThe name of the corporation shall be: Acad Guys Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
601 Heritage Dr #416
Jupiter, FL 33458Mailing address, if different is:
185 Waverly Ave
Palchogue, NY 11772**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jason Mazzarone, Director

Name and Title: _____

Address 601 Heritage Dr #416
Jupiter, FL 33458

Address: _____

Name and Title: Demitrios Kalominis, Director

Name and Title: _____

Address 601 Heritage Dr #416
Jupiter, FL 33458

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: Jason Mazzarone
Address: 601 Heritage Dr #416
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Mazzarone
Address: 601 Heritage Dr #416
Jupiter, FL 33458

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2024 (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
Date 12/22/2023

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
Date 12/22/2023