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

From: Account Name : TRAMILEX LLC
Account Number : I20150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

****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
AC PERSONAL CARE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2024 MAR 28 PM 4:53

FILED
2024 MAR 28 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FL

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COVER LETTER

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

SUBJECT: AC PERSONAL CARE CORP

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: ARIEL CASTILLO

Name (Printed or typed)

7101 SW 89th CT APT 102

Address

MIAMI, FL 33173

City, State & Zip

(786)217-2562

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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

FILED

ARTICLE I NAME

The name of the corporation shall be: AC PERSONAL CARE CORP

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ARTICLE II PRINCIPAL OFFICE

Principal street address
7101 SW 89th CT APT 102
MIAMI, FL 33173

Mailing address, if different is
SAME ADDRESS STATE OF FLORIDA
MIAMI, FLORIDA, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ARIEL CASTILLO, P	Name and Title:	
Address	7101 SW 89th CT APT 102	Address:	
	MIAMI, FL 33173		

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARIEL CASTILLO
Address: 7101 SW 89th CT APT 102
MIAMI, FL 33173

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ARIEL CASTILLO
Address: 7101 SW 89th CT APT 102
MIAMI, FL 33173

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/28/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

<u>AC</u>	<u>03/28/2024</u>
Required Signature/Registered Agent	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.

<u>AC</u>	<u>03/28/2024</u>
Required Signature/Incorporator	Date

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